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New York

President: Mr. Opertti . . . . . (Uruguay)

In the absence of the President, Mr. Mungra (Suriname) Vice-President, took the Chair.

The meeting was called to order at 3.05 p.m.

Agenda item 8 (*continued*)

Overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development

The Acting President: I now give the floor to His Excellency The Honourable Ronald Knowles, Minister of Health of the Bahamas.

Mr. Knowles (Bahamas): I am pleased to participate in this forum and I welcome this opportunity to share some of the post-Cairo initiatives that have been undertaken by my country, the Commonwealth of the Bahamas. But first, permit me to express my appreciation to the relevant United Nations agencies for their leadership in this review and for their ongoing efforts to include non-governmental organizations and young people in the process.

My country has made significant strides in implementing the recommendations of the 1994 International Conference on Population and Development (ICPD). However, the archipelagic nature of the Bahamas presents special challenges for the delivery of essential services and contributes to the increasing costs of health care. Despite this, the Government remains committed to providing access to health care of the highest quality.

In the Bahamas, indeed in the wider Caribbean, the population is relatively young, with a median age of 26 and approximately one third under 15 years of age. We have seen an increase in the average life expectancy to 74 years and a decrease in the infant mortality rate from 43 per 1,000 live births in 1965 to 14 in 1998. Concomitant with increased life expectancy and decreased infant mortality is a predicted increase in the population of older persons. In the Bahamas, the number of persons aged 60 years and over will increase to 17.2 per cent of our total population by the year 2025.

In keeping with the Cairo Programme of Action, the Government has initiated programmes for the elderly that will ensure their increased access to health care, improved housing, greater economic opportunity and participation in intergenerational and culturally-specific educational and recreational activities.

In May 1998, in collaboration with the Pan American Health Organization, the Bahamas hosted the first Caribbean forum on health and ageing, which resulted in the drafting of a Caribbean Charter on health and ageing. This document was developed to guide all countries in the region in the formulation of plans and programmes for older persons. Our challenge is to devise strategies that will enhance the self-reliance of older persons and promote their quality of life. To this end, a national programme for the health of older persons is being formulated.

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The Bahamas is totally committed to ensuring the reproductive rights and health of its people and we believe that freedom to make reproductive choices is a cornerstone of the empowerment of women. We further believe that an essential part of women's empowerment is better reproductive health, including access to modern, safe, affordable and effective family planning services.

Since Cairo, we have made significant advances in this area, the most notable being the development of a national policy on family planning that is expected to be placed before Parliament very soon. To date, many aspects of its proposed programmes have been implemented. We would like to report that comprehensive family planning services, including counselling, physical assessments and relevant educational materials, are available at all primary health-care community clinics throughout the country.

I noted earlier that the infant mortality rate has steadily declined. A further decrease, together with a reduction in maternal mortality, remains prominently placed on our national agenda. Since December 1996, all expectant women have been eligible for free antenatal and postnatal care at public hospitals and all community health clinics.

The involvement of males in reproductive health, is paramount to the success of national reproductive health initiatives. An initiative focused on responsible manhood, quality male reproductive health and psycho-social and spiritual wellness was launched in 1998. Many non-governmental organizations, particularly the religious community, are participants. We anticipate that this programme will be expanded in the coming years.

The Bahamas, and indeed the entire Caribbean, are strong advocates of the human rights of our young people, and we recognize these rights with respect to free and informed choices and access to sexual and reproductive health services. The teen birth rate in our country is 14 per cent, which is unacceptably high. Adolescents, ages 14 to 19 years, account for the fastest growing numbers of new HIV cases and other sexually transmitted infections. Adolescent issues need adolescent solutions. In this regard, we recognize the need for a comprehensive adolescent health policy that will involve them in its development.

The Government is supporting a major adolescent reproductive health education project which is being executed by the Bahamas Family Planning Association and sponsored by a donor agency. Earlier this year, we commissioned in Nassau, the capital, an adolescent health centre, a facility which provides multidisciplinary services with emphasis on prenatal and postnatal care, psycho-social counselling, violence and substance abuse prevention and other health and nutrition services. The Government of the Bahamas intends to replicate this model of services in other communities in the future.

Because we recognize that education is another cornerstone of empowerment, there are plans to expand the interministerial programme which allows pregnant teenagers to attend school during their pregnancy. This programme, which is provided at no cost to the clients, has proven to be very successful in terms of recidivism, completion of high school and employment.

The Bahamas is committed to providing our youth with the necessary education and training to enable them to be productive participants in our society in the new century. Successful education programmes have a positive and direct impact on teen violence, drug use and sexual behaviour. In the Bahamas, there is universal access to primary and secondary education, compulsory to age sixteen. Technical and vocational programmes are receiving focused attention and funding. We are optimistic that the proposed revisions to the health and family life programme and the curriculum in our schools will address concerns of under-achievement of male students and teen violence.

We have achieved much. Over the last several years there has been a significant positive change in the plight of women. Legislation pertaining to domestic violence, sexual offenses and maternity leave has been enacted. In education, women are participating more and performing well. The noticeable improvement in their status is reflected in most sectors. The Bahamas and the Caribbean Community have demonstrated the political and social will to achieve gender equity and sensitivity through the establishment of the Women's Bureau and the signing of the Convention on the Elimination of All Forms of Discrimination Against Women.

Our accomplishments to date would not have been possible without the vital participation of civil society. We must therefore strengthen this partnership by deepening our relationships with existing partners and by developing new ones. This team effort, coupled with the financial and technical support from donor agencies, is an essential ingredient for furthering the goals of the Programme of Action.

We have covered much territory since Cairo, but we are quite aware that there is much to be accomplished. Past, present and future efforts will not achieve expected results or will not be effective if appropriate mechanisms for monitoring progress are not put in place. Benchmarks must be established, indicators identified and data collected, analyzed and disseminated on a timely basis in order to evaluate the effectiveness of all programmes. Research, therefore, is a key to future success and must be given priority. Further, there is a definite need for a focal point for advising, coordinating, monitoring and reporting on all ICPD activities. This will ensure that population issues are integrated into national development plans.

We look forward to making even greater progress in the new millennium, and we recognize that our continued success will depend on team effort, community partnerships and international support. The Government of the Bahamas reaffirms its commitment to the Cairo Programme of Action, and we encourage our partners to do likewise by mobilizing the necessary resources which will contribute to its sustainability and viability.

The Acting President: I now give the floor to His Excellency Mr. Nobutaka Machimura, State Secretary for Foreign Affairs of Japan.

Mr. Machimura (Japan): It has been five years since the Cairo Conference. Humankind is now being exposed to a range of threats. To tackle the issues related to population, the international communitymust be united in its actions while at the same time recognizing the value and the rights of individuals from the viewpoint of human security. Human security is a concept that takes a comprehensive view of all threats to the survival, livelihood and dignity of human beings; it stresses the need to respond to such threats. Moreover, population issues are related to socio-economic problems in their entirety. These issues must be addressed by taking a comprehensive approach that promotes basic health care, education and the advancement of women. Only when we address these issues from a multi-dimensional viewpoint can we resolve population issues. In this connection, in order to deal with population issues, I think it is important to fully recognize the interdependent relationship between development, population, food security and the environment.

I believe that the Programme of Action adopted at the 1994 International Conference on Population and Development was the crystallization of humankind's wisdom for laying down the guiding principles that will carry us into the twenty-first century in the area of population and development. Japan supports the proposals for key actions for the further implementation of the Programme of Action, as they expressly designate areas that should be given high priority and set specific targets to be achieved, including the lowering of maternal mortality and morbidity rates and the reduction of HIV infection rates.

Next, I would like to speak briefly about some of Japan's specific efforts to deal with population issues. Japan has been successful in lowering its infant and maternal mortality rates and has also implemented a variety of measures based on the concepts and spirit of reproductive health services that were newly proposed at the Cairo Conference.

Japan established its national health insurance and pension schemes in 1961 and since then has set up a social security system, introduced a long-term care insurance system which is to enter into force next April and taken other measures to cope with its rapidly aging society. With regard to the recent situation of substantially lower fertility rates, Japan has been making concerted efforts both to alleviate problems arising from the strains of balancing work and childcare and to enhance societal support for raising children. Moreover, a basic law passed by the Diet recently is expected to provide the foundation for the realization of an equal partnership between men and women and to advance gender equality and the empowerment of women.

In the field of population, Japan has been contributing funding to the United Nations Population Fund (UNFPA), the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). It has been the largest contributor to the UNFPA from 1986 to the present. In February 1994 Japan announced its "Global Issues Initiative on Population and AIDS", which set the goal of committing $3 billion of Japan's official development assistance programme to population and HIV/AIDS activities during the seven-year period from fiscal year 1994 to 2000.

In recognition of the importance of ensuring reproductive health, the initiative calls for a comprehensive approach covering primary health care for women and children, primary education and the empowerment of women, and is in addition to Japan's assistance directly related to population control and family planning. The initiative also emphasizes collaboration with other major donor countries, international organizations and non-governmental

organizations. Japan's official development assistance commitment to the initiative has already exceeded its target, having reached approximately $3.7 billion by the end of fiscal year 1998.

Population and HIV/AIDS are issues that must be urgently addressed by the international community as a whole. Therefore, Japan will continue in future to give them high priority in its official development assistance policy, focusing more on population control and measures against HIV/AIDS. While strengthening its collaboration and cooperation with other donor countries, international organizations and non-governmental organizations, Japan is determined to continue to play an active role in world efforts to tackle the issues of population and HIV/AIDS.

In closing, I would like to express my sincere hope for the success of this conference and affirm that Japan will continue to play a positive role in the world's efforts to cope with population issues.

The Acting President: I give the floor to Her Excellency The Honourable Zaleha Ismail, Minister of National Unity and Social Development of Malaysia.

Ms. Ismail (Malaysia): The Malaysian delegation joins in extending our congratulations to Mr. Didier Opertti on his election as the President of this twenty-first special session of the General Assembly.

In reviewing and recommending key actions for the further implementation of the International Conference on Population and Development (ICPD) Programme of Action, the paramount challenge facing us today is not only to reaffirm but to strengthen the commitment we made five years ago at Cairo, that it is people that matter — their freedom, security, development and well-being. The rights of individuals, couples and parents must be safeguarded inasmuch as the stability of society and country cannot be compromised. Malaysia recognizes the family institution as a fundamental unit of society, and the primacy of ethical values cannot be denied. While the rights of children and adolescents should be safeguarded and promoted, parents have the primary right and responsibility to guide the lives of their children. Malaysia's Vision 2020 recognizes that the thrust of development is in the building of a strong and resilient family system, and it is in this framework that Malaysia will strive to further implement the ICPD Programme of Action into the new millennium.

When we met in Cairo in 1994, East Asian economies, including Malaysia, were enjoying rapid economic growth. Today this situation has changed. This ICPD+5 review is taking place at a time when several developing countries are being challenged by the financial crisis that began in mid-1997. In our countries, the effects are already visible, resulting in a breakdown of economies and in people's livelihood; job retrenchment; interruption in the provision of basic social services; food shortages; and even civil and political unrest. It is thus crucial that programmes for basic development and survival be protected and, in fact, strengthened in order to minimize the impact of the crisis on all vulnerable groups. While Malaysia strongly believes that a comprehensive solution to the crisis and the prevention of a similar recurrence require a global solution, the need for reforms in the international financial architecture is also of paramount importance.

Globalization has opened new opportunities for the sustained economic growth and development of the world economy. Simultaneously, the global community is threatened by environmental degradation; food crises; epidemics; many forms of discrimination, intolerance, violence; and the risk of losing the richness of our cultural diversity. It is therefore of utmost importance to recognize that responses to those changing circumstances and the achievement of sustainable development and social progress will require increased solidarity and exchange of ideas and information expressed through appropriate multilateral programmes and strengthened international cooperation.

On its part, Malaysia has introduced a series of policy packages to address the economic and social impact of the financial crisis and to ensure the continued implementation of the ICPD Programme of Action. Focus was shifted towards preventing any further contraction to the economy, reactivating economic growth and ensuring the continuation of socio-economic projects so that living standards and quality of life, particularly of the poor and lower-income groups, would not be adversely affected.

Malaysia's socio-economic development plans have laid emphasis on an enabling environment. However, the ICPD, the Social Summit and the Conference on Women gave us the opportunity to further pursue more complex and specific issues in the area of population and development. In addition, a social action plan has been formulated to address and alleviate emerging social problems such as socially transmitted diseases, HIV/AIDS, unwanted pregnancies and substance abuse. A more comprehensive and integrated family

development programme has been developed to address the impact of socio-economic development on family structures, relationships and lifestyles.

Malaysia's high standard of health-care services has enabled more Malaysians to live well beyond their 70s, but changes in lifestyle and the pressures of urbanization have resulted in an increase in degenerative diseases. In this regard, advocacy for wellness through a thematic healthy lifestyle campaign is in its tenth year of implementation. A comprehensive range of reproductive health services is already integrated into primary health care, with family planning being accessible, available and affordable without any coercion or discrimination.

Malaysia has embarked on an inter-ministerial initiative through which the broader concerns of reproductive health are being addressed to include programmes on the reproductive health of adolescents and youth, gender sensitization at all levels, enforcement of the Domestic Violence Act of 1996 and the formulation of a comprehensive child act, which seeks to protect children and adolescents from sexual abuse, incest, violence and moral danger and will include provisions for ensuring greater parental responsibility. Linkages and partnerships between the Government, non-governmental organizations and civil society will be further enhanced to complement the Government's efforts in achieving the goals set in Cairo and in their monitoring and evaluation.

Let us at this time work together towards advancing the ICPD goals. Collectively we should make every effort to mobilize national and international resources, including ensuring that the donor community fulfils its financial commitments. The current Asian crisis and its serious implications for population programmes require urgent attention. Let this special session be the time for us to strengthen and reaffirm our commitment so that all the people of the world can enjoy the benefits of development.

The Acting President: I now call on His Excellency Mr. Imankadyr Rysalieyv, Minister, Head of the Department on Social Issues, Administration of the President of the Kyrgyz Republic.

Mr. Rysalieyv (Kyrgyzstan) (*spoke in Russian*): The International Conference on Population and Development was a turning point for population and development issues. The Cairo Programme of Action, adopted in 1994 by consensus by 179 States, marked the beginning of a new approach to achieving prosperity for humankind by means of a series of interconnected goals and objectives in the areas of reproductive health and population. Primarily, we sought to guarantee universal access to comprehensive reproductive health care, including family planning and sexual health; to reduce infant, child and maternal mortality; and to ensure universal access to primary education, focusing in particular on eliminating the gender gap.

The Cairo Conference made Governments primarily responsible for attaining those goals. However, it did point to the important role in population issues and reproductive health care played by civil society, the private sector, the Bretton Woods institutions, regional and international organizations and other organizations of the United Nations system, it and called for strengthening the partnership and cooperation among them.

Over the past five years, the growth rate of the population has slowed, infant and child mortality rates have fallen, progress has been made in gender equality and improvements have been made in reproductive health care. However, the financial crisis that has affected developing countries, the reduction of official development assistance and the drop in international assistance have had an impact on the results achieved in the area of population and reproductive health care. This has been further exacerbated by wars and inter-ethnic conflicts. The fall in the price of oil, gold and other commodities, together with social instability, inadequate State administration, the deterioration of infrastructures and a number of natural disasters that have done enormous damage to the economy have further exacerbated the destitution of those in the poorest strata of the population.

Like many other countries, Kyrgyzstan has experienced the cost of globalization. This has occurred at a time when the Republic is having to resolve problems inherited from the past while at the same time facing challenges with regard to reform in all areas in our society and to the attainment of prosperity for our people. President Akayev and the Government of Kyrgyzstan are paying great attention to the question of population and reproductive health care. Issues of gender equality and reproductive health, including family planning and sexual health, are an important component of the national sustainable development strategy. They are included in all other basic State programmes, including those to improve the status of women and conditions for the elderly and veterans, as well as in the programmes for education, poverty eradication, labour and employment, culture and

public health care and a programme aimed at training talented young people abroad.

These issues are also reflected in our national legislation, and in particular in the Constitution of the Kyrgyz Republic, marriage and family codes and labour law. The Ministry for Public Health elaborated and adopted a strategic plan on reproductive health covering the period up to the year 2005 and has drafted a bill on reproductive health care. In March 1999, for the first time since independence, Kyrgyzstan conducted its first population census. The final result will become known only in January 2000. According to preliminary data, in 1999 the population of Kyrgyzstan is 4,856,000, made up of 2,481,000 women and 2,375,000 men.

However, despite the growth of the population overall, the natural rate of population increase has slowed. The birth rate has also gone down. In addition, infant mortality, which stands at 27 per 1,000, continues to be high. The main reasons for infant mortality are respiratory diseases, which account for more than 40 per cent of all juvenile deaths, and diseases that develop in the immediate post-natal period as a result of difficult pregnancies and the illness of the mother. Maternal mortality rates are still high. The main reasons for this are short intervals — less than 1.5 years — between births, a lack of proper nutrition, anaemia, early pregnancy, a lack of health education and cultural factors. Child mortality is caused primarily by infectious diseases and insufficient availability of medicines.

Young people make up 51.9 per cent of our working population. The most acute problem suffered by young people is unemployment — only 28.4 per cent of them are employed in the economy of the Republic. Given the economic and spiritual crisis, the problem of educating, training and involving young people in the active life of our society is becoming acute. We have instituted a national programme which is trying to provide unemployed young people with the necessary professional knowledge and skills and to provide them with assistance in finding jobs. With the support of the German Society for Technical Cooperation, which is working with the Department of Labour and Employment, an employment programme has been established in our capital, Bishkek, to find jobs for young people. This has become the Youth Labour Exchange of the Republic, and it has been established in other towns. Another project aimed at finding jobs for young people, entitled "A cheque for a job", is also under way.

Average life expectancy in Kyrgyzstan has not greatly increased, and in 1998 it stood at 67 years. The most common reason for death among those over 65 years is cardiovascular diseases, along with accidents and respiratory, oncological and digestive diseases, as well as infectious diseases.

The highest aspiration of any State a healthy nation, and the main goal of our State policy is to create conditions conducive to the all-round development of every individual and to improving the quality of every individual's life. The Government of Kyrgyzstan is deeply committed to the Cairo Programme of Action and to attaining the objectives adopted at the International Conference on Population and Development. But economic problems and a lack of needed financial resources have made implementation far more difficult in the areas of population and reproductive health. To our deep regret, the United Nations Population Fund (UNFPA) thus far has, to the best of my knowledge, been the sole source of financial assistance on population issues. We are grateful to the UNFPA for its cooperation, but we call on donor countries to meet their commitment to allocate a minimum of 4 per cent of official development assistance to population activities. The lack of the necessary financial resources could make the Cairo objectives unattainable and its programmes impossible to implement.

This session, which takes place on the eve of a new millennium that will begin with an expected world of 6 billion, is intended not merely to take stock of what has been achieved in the areas of population and reproductive health care, but also to help us all learn the lessons of the past. One of the main lessons is to understand the importance of partnership and cooperation. Only through joint efforts by Governments, civil society, non-governmental organizations and the international community can we attain the noble objectives of the Cairo Conference.

The Acting President: I now call on His Excellency Mr. Ali Nagiyev, Minister of Labour and Social Security of the Republic of Azerbaijan.

Mr. Nagiyev (Azerbaijan) (*spoke in Russian*): Before reporting on progress in the sphere of population and development in Azerbaijan, let me express our deep gratitude for the concise yet comprehensive report before the Assembly, setting out five years of progress in the implementation of the Programme of Action of the International Conference on Population and Development

(ICPD), held at Cairo in 1994. The report will give further impetus to implementation of the Programme of Action and will help us more clearly to identify the responsibilities of countries in the area of population and development.

Economic reforms, State-building, the development of a multistructure economy and integration into world markets are taking place in the Republic of Azerbaijan at an unprecedentedly difficult time, when one out of seven citizens is either a refugee or an internally displaced person, as a result of the Armenian aggression of the last 10 years. These factors have substantively exacerbated Azerbaijan's problems in the area of population and development.

Current political and macroeconomic stability and increasing investment have created a favourable environment for social reforms. These reforms are supported by the firm commitment of the Government of Azerbaijan to implement the agreements reached at the series of important international conferences of the 1990s, including those adopted at the International Conference on Population and Development.

Over the past five years Azerbaijan has been carrying out reforms in the fields of labour relations, social protection, education and health. Population issues are being considered as part of the process of building a democratic State based on the constitution of the Republic of Azerbaijan, which was adopted on 12 November 1995 and which guarantees equal rights and freedoms for men and women. Basic principles agreed upon in international conventions are reflected in more than 30 laws adopted by my Parliament; these define the basic elements of social protection, health and education. Major international organizations such as the United Nations Development Programme (UNDP), the World Bank, the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the International Labour Organization (ILO), the World Health Organization (WHO) and the International Organization for Migration (IOM) have supported various projects and initiatives for development of the reproductive health sector; regulation of the migration process; expansion of employment opportunities for vulnerable groups, especially refugees and displaced persons, women, young people and the disabled; programmes for expanding educational opportunities; and social protection of children.

But the considerable decrease in the rate of population growth, increasing mortality, particularly among able-bodied sectors of the population, increasing maternal mortality and abortions, a decreasing number of marriages and an increasing number of divorces, negative growth in migration and declining fertility are all factors in a deepening demographic crisis in Azerbaijan which has made it necessary to develop and put into effect a national demographic policy and a population development programme.

Our Republic is therefore taking active measures to implement a comprehensive approach to issues of population and development in the context of the ICPD Programme of Action. Since the Conference, we have formulated a national reproductive health and family planning programme, which is being implemented with the support of the United Nations Population Fund. Within the framework of this programme, the first national network of family planning institutions has been established, and we have begun to train specialists for the programme. Non-governmental organizations and community-based organizations became involved in reproductive health activities, and access to modern methods of family planning has consequently improved.

Other important initiatives have been the launching of gender and development plans, the mainstreaming of gender concerns in the work plans of the sectoral ministries, and the introduction of gender sensitivity programmes in various Government organizations and elective bodies, as well as in non-governmental organizations and community-based organizations.

Regardless of all these achievements, Azerbaijan has yet to put in place a comprehensive population development policy that recognizes the interrelationship and interdependence of various social factors and the impact of these factors on population issues. Our country lacks sufficient financial and human resources, as well as experience in the design and implementation of population and development programmes. But the Azerbaijan leadership has the strong political will to develop and implement such policies. One sign of that political will was the hosting of an international conference of Economic Cooperation Organization member countries on the role of men in population programmes; this took place in September 1998 at Baku, Azerbaijan.

In order to avoid many social and economic disasters relating to unresolved demographic problems, and in order to determine national policy in this field, a special State commission was established in December

1998 by decree of the President of the Republic of Azerbaijan. This commission has developed the concept of the demographic development of Azerbaijan, which determines State policy in this field and is based on the principles and objectives set out in the Programme of Action of the International Conference on Population and Development. A programme of cooperation between the Government of Azerbaijan and the United Nations Population Fund is currently being developed for the years 2000-2004 to support the implementation of that concept.

As Minister of Labour and Social Security, I play a leading role in population and development issues in our country. I should like to take this opportunity once again to stress that, while recognizing that national efforts are of crucial importance and take priority in any attempt to achieve the goals of the ICPD Programme of Action, we hope that international cooperation and assistance for our country will be further expanded in this area.

The Republic of Azerbaijan accepts the proposals for key actions for the further implementation of the Programme of Action of the International Conference on Population and Development and will make every effort to implement it.

The Acting President: I now give the floor to His Excellency Mr. Ibrahima Sall, Minister of Planning of Senegal.

Mr. Sall (Senegal) (*spoke in French*): Five years after Cairo, the international community is meeting again, this time to examine the road along which we have travelled, assess the progress achieved, identify the obstacles encountered and mark out paths for the future.

The Cairo Programme of Action, which was the outcome of a delicate compromise made in the face of diverse and even diverging cultural, religious and philosophical values, is the expression of our common will to go beyond diversity and seek together relevant responses to the challenges of sustainable development from the perspective of population, which is certainly the most powerful factor determining the economic and social progress of nations.

Controlling the rate of population growth, providing protection for mothers and children and education for all and combatting poverty and old and new diseases are some of the objectives we set ourselves in the Cairo Programme of Action. My country remains faithful to those objectives. Our current population strategy, which was defined in the declaration on population policy adopted in April 1988 and elaborated in the eleventh orientation plan for economic and social development, was also inspired by the Dakar/Ngor Declaration adopted in the capital of Senegal during the Third African Population Conference.

Senegal's population policy rests on a number of principles, including respect for fundamental human rights; making individuals responsible, as spouses and parents, with respect to their children and the requirements of national development; protecting the family as the basic unit of society and the most favourable context for the growth and development of men, women and their offspring; the right of individuals to choose the size of their families and to have access to an objective education with regard to population issues and to the means to control their fertility; and the right of children to survival, health, education and training.

With regard to the improvement in the status of women in particular, well before the Cairo process began, Senegal resolutely set in motion a bold policy to promote the situation of women. This was vigorously pursued through personal commitment at the highest level in Senegal in order to deal with the problems that constrict women's development. This proactive and resolutely political choice is based on a rejection of all forms of discrimination against women, which is the reason why today women are present in all areas of social activity, including in high-level legislative, executive and judicial posts.

Furthermore, the Government of Senegal is pursuing with the same conviction and energy its crusade against any practices that are detrimental to the health and well-being of women by adopting specific legislation on sexual harassment, forbidding female genital mutilation, which will henceforth be criminalized, and strengthening penalties for rape and violence against women. My country intends to pursue and strengthen these policies aimed at liberating women by introducing a series of draft laws on reproductive health and matrimonial rights and by revising the provisions of family law as they relate to the rights and responsibilities of parents in the conduct of family affairs.

In a world in which more than 1 billion men and women live on less than a dollar a day and cannot satisfy their basic needs for food, housing, basic health care, access to drinking water, education and so forth, economic and social development based on combatting

poverty and better focused on population problems must certainly remains at the heart of our joint action.

But we must recognize that with regard to the mobilization of financial resources, the current status of implementation of the Cairo Programme of Action is falling particularly short of its goals. The relevant documents presented by the Secretariat to our preparatory committee show that the progress achieved five years after Cairo is essentially the result of domestic efforts. This means that the commitments made in the name of international cooperation remain unfulfilled promises. The unprecedented drop in official development assistance and the constraints arising from the persistent debt crisis also clearly reflect the situation.

My delegation hopes that this gathering will provide the necessary momentum to reverse this trend and thereby realize the objectives set out in the Cairo Programme of Action, thanks to the mobilization of adequate financial resources and strong support for the implementing agencies such as the United Nations Population Fund, the United Nations Development Programme and United Nations Children's Fund.

An objective and critical diagnosis of the road travelled since Cairo will surely give us a clear idea of the progress that remains to be made. The means to meet these challenges exist. However, we must find the political will to put them in the service of agreed commitments through international cooperation for development. And it is on this essential political will that the final success of the Cairo Programme of Action will depend.

The Acting President: I now give the floor to His Excellency Mr. Abdelhamid Aouad, Minister of Economic Forecast and Planning of Morocco.

Mr. Aouad (Morocco) (*spoke in Arabic*): Allow me at the outset, on behalf of the Kingdom of Morocco, to congratulate Mr. Opertti on his election to the presidency.

I also wish to thank Mrs. Nafis Sadik and her entire staff for their efforts to ensure the success of this session.

Lastly, I take this opportunity to congratulate the Secretary-General, who was good enough to monitor the review of the implementation of the fundamental chapters of the Cairo Programme of Action, particularly the aspects linked to financing that should accompany future achievements so that the implementation of the Programme can continue in the best circumstances.

In this respect, I would note that Morocco has remained faithful to the spirit of consensus that guided the Cairo Conference. This fidelity is clearly manifest in our respect for the guiding principles of the Conference, including in particular, the sovereignty of national laws, development priorities and the religious, ethnic and cultural specificities of population policies; the refusal to recognize, in the context of establishing a sound concept of reproductive health, the voluntary interruption of pregnancy as a means of contraception; the preservation and consolidation of the role of the family in raising children, especially in reproductive health education for adolescents.

Five years have elapsed since the International Conference on Population and Development was held in Cairo in 1994. This period has been marked by the dominance of financial considerations over governmental policies, the pressure of external debt on the financing of development, a reduction in international assistance and an accelerated opening of markets. This has had a negative impact on social service sectors, which has led to increased unemployment and poverty and a deterioration of human development indicates, particularly in developing countries.

Despite this unfavourable climate, data indicates that the developing countries have achieved considerable progress towards the goals of the Cairo Conference, although international assistance has fallen well short of the required level. The developing countries have thus had to rely basically on their own national resources.

As far as the Kingdom of Morocco is concerned, its consistent population policy has allowed it to register important and diverse successes. Given the lack of time, I will cite only the most notable. These include the adoption of measures to activate the High Commission on Population, to restructure it at the national and regional levels, and to allow it to begin its work on drafting a clear, comprehensive and compatible population policy, taking into consideration the recommendations of several international conferences on the issue.

A national congress on the rights of the child was held in 1994. In 1996, a national institute for the rights of the child was established, chaired by Her Royal Highness Princess Lalla Meriem. Draft legislation has been drawn up to bring national legislation on the rights of the child into line with international conventions and will be presented to Parliament next fall. In 1996, a programme of social priorities was implemented to

expand the access of disadvantaged sectors of society, especially in rural areas, to such social services as education and basic health care, with special emphasis on the girl child and women.

We have stepped up our efforts in maternal and childhood health-care programmes, particularly along the following lines. We have improved access to and the size and quality of basic reproductive health services. We have elaborated a special strategy for information, education and communications, specially designed to raise awareness of the priority of the problems associated with reproductive health, particularly as regards maternal and child mortality. We also increased the share of resources allocated to reproductive health in the overall population policy package from 9 per cent to 13 per cent between 1991 and 1998.

The Government of Morocco firmly believes that strengthening the status of women is a prerequisite of human rights, and it is therefore striving to enhance their legal status, based on the principles of equality and in keeping with the requisites of international conventions and declarations that we have ratified. Morocco is striving to improve judiciary procedures to accelerate the implementation of qualitative reforms in the civil code and the gradual reform of this code in keeping with the precepts of Islam and respect for its values. At the social level, the strategy for women's advancement is aimed at giving new life to programmes specifically targeting women, such as those for literacy, the education of girl children and support for women in economically precarious situations, particularly in rural areas. The overall aim of these measures is to empower women to exercise their political, social and economic rights by ensuring their access to education, health services and the economic infrastructure in disadvantaged areas.

We consider violence against women to be a flagrant human rights violation. Fully supporting this concept, the Moroccan Government has organized a national campaign to combat this phenomenon, in parallel with a plan of action drafted for this purpose and in cooperation with women's associations and relevant non-governmental organizations.

In conclusion, allow me to emphasize the necessity for intensifying support for the United Nations agencies for population and development, especially the United Nations Population Fund. The centrality of its role requires the adoption of new mechanisms to support its work. In this respect, we would suggest that a part of the debt of developing countries be converted into funding population programmes. In solving the problems that humanity in the field of population and development, it is duly up to the international partners to shoulder the lion's share of responsibility. The resources and means required are tremendous, so we must mobilize them in the service of humanity and sustainable human development. I wish the General Assembly every success.

The Acting President: I now give the floor to Her Excellency Mrs. Tran Thi Trung Chien, Minister, Chairperson of the National Committee for Population and Family Planning of Viet Nam.

Mrs. Tran Thi Trung Chien (Viet Nam): Being fully aware that the development of human resources constitutes a decisive factor for the development and prosperity of our nation, since the 1960s Vietnam has implemented a Population and Family Planning Programme and considered it to be an important and integral component of the overall national socio-economic development programme. In its policies, the Government of Viet Nam views human beings both as the target and subject and as a driving force for development. The Constitution of the Socialist Republic of Viet Nam, the Law on Health Protection and the Law on Marriage and Family recognize the rights and responsibilities of citizens in practising family planning on a voluntary basis while harmonizing the interests of individuals with those of the community and society.

The International Conference on Population and Development (ICPD) Programme of Action, adopted in Cairo in 1994, is of significant importance in setting national and global population and development goals for all countries. Based on the ICPD recommendations, Viet Nam has reviewed and adjusted its policies and strategies with a view to achieving sustained economic growth and population stability.

In recent years, Viet Nam has recorded important socio-economic achievements, particularly in the health and population sectors. The fertility rate has declined considerably, as have the infant and maternal mortality rates, while maternal and child health care and family planning services have been considerably improved. Compared with other countries at the same income level, Viet Nam's achievements are noteworthy. The present population growth rate of 1.8 per cent per year and its trend of further decline give realistic hope that replacement-level fertility will be reached by 2005 — the population growth scenario projected for Viet Nam by the United Nations.

Though the economic and financial crisis in Asia has adversely affected Viet Nam, its Government has been determined to continue its investment with a view to meeting basic social needs, including those related to reproductive health and family planning.

Although a number of significant achievements have been recorded in the field of population and family planning, difficulties and challenges still remain on the road to achieving the goals of population stabilization with high population quality and sustainable development. In coming years, our national population programme, while continuing to work to reduce the fertility rate, will focus more on population structure, population distribution and quality of population.

Key orientations will include developing a comprehensive strategy on population and development; integrating the population and reproductive and family planning programme into other socio-economic development programmes; promoting population education among young people to equip them with basic knowledge about population and development, reproductive health and sexual health; improving the quality of reproductive health and family planning services and clients' access to them; and improving the status and empowerment of women in the family and society.

In the immediate future, the population programme will concentrate its efforts and resources on those remote, isolated and poor areas where the fertility rate is still high so as to reduce the population growth rate and to create favourable conditions for socio-economic development and improve the living conditions of the population in those areas.

The Government of Viet Nam considers the relationship between population and development to be an important part of the overall national development strategy and a springboard to improve the quality of life of each individual, each family and society as a whole. We realize that greater efforts must be made in order to achieve the population and development goals set forth in the Cairo ICPD Programme of Action. Bearing this in mind, we hope that the proposals for key actions for the further implementation of the ICPD Programme of Action will be adopted for submission to the General Assembly.

On 1 April 1999, the Committee of the United Nations Population Award announced the 1999 United Nations Population Award. One of its winners was the Viet Nam National Committee for Population and Family Planning. On this occasion, allow me, on behalf of the Government and people of Vietnam, to express our sincere thanks to the United Nations agencies, the Governments of United Nations Member States, international organizations and especially to the United Nations Population Fund (UNFPA), which have provided Viet Nam with valuable assistance over the past two decades. We would like also to thank international friends for encouraging us with respect to this special event. We wish to share our experience in population and family planning work with other countries in order to strive for the overall goals set forth by the ICPD Programme of Action.

Let us strive harder to implement programmes on population and development for the benefit of present and future generations and of each individual, each family and each nation, and for the harmonious and sustainable development of humankind.

The Acting President: I give the floor to His Excellency Mr. Ibrahim Hussain Zaki, Minister of Planning and National Development of the Republic of Maldives.

Mr. Zaki (Maldives): It is indeed a great pleasure for me and for members of my delegation to attend the twenty-first special session of the General Assembly to review and appraise the implementation of the Programme of Action of the International Conference on Population and Development, held in Cairo in 1994.

I am particularly pleased to convey to Mr. Didier Opertti, and through him to the Assembly, warm greetings from the President of Maldives, His Excellency Mr. Maumoon Abdul Gayoom.

The Maldives has closely followed the ICPD+5 process, from regional to global reviews. We have been both impressed and greatly encouraged by the enthusiasm displayed by the international community in fulfilling the commitments made at Cairo. We believe that it is only by working together that the many important and interrelated issues confronting our peoples can be meaningfully addressed and resolved.

We have come a long way in our understanding about population problems. Today we all know that population is not about numbers and that behind each statistic stands a person. Today we are all agreed that the issues of population cannot be treated in isolation, and that the life of each individual person is intimately linked

to a wider process of development and change, a process that often goes beyond national boundaries. And we must applaud and congratulate the United Nations Population Fund, especially Mrs. Nafis Sadik and her able team, for leading the way in achieving this new consensus on population.

The Maldives views issues of population with great concern. As a small island developing State, our problems are unique. Our population of just over a quarter of a million may not be big, but the challenges are daunting. About half of the population is below 15 years of age. The high population growth rate of 2.7 per cent is expected to double the population in 25 years. The wide and uneven distribution of the population across vast expanses of ocean makes it difficult to provide basic infrastructure and social services. Limited space in the emerging urban centres has led to overcrowding and housing problems. The country's narrow economic base, with tourism and fisheries contributing about 40 per cent of the gross domestic product, leaves the country excessively vulnerable to external shocks. The delicate environmental balance of our island ecosystem creates further vulnerabilities that are largely beyond our control.

Despite these problems, however, our economy has performed well and is projected to grow at an annual rate of around 6 per cent over the current period. Strong economic growth has enabled my Government to allocate approximately one third of capital expenditure to social services. Improvements in health services have led to a substantial reduction in infant and maternal mortality and morbidity. The literacy rate has reached 98 per cent, primary education is near-universal and the enrolment ratio is equal for both sexes.

While these are laudable achievements, much more needs to be done to cater for the growing numbers of young people, half of whom are going to be in the reproductive age groups over the first quarter of the next century. We need to further reduce infant and maternal mortality and achieve higher levels of human resource development. In addition, we need to intensify our efforts to protect and preserve our environment, on which we depend for our very survival.

Our population policy and development programmes are aimed at enhancing the life chances of our population and improving standards of living by providing better reproductive health care and educational services, empowering women, strengthening the bonds of family and increasing community participation in the design and implementation of our development programmes. Consolidating the widely dispersed island populations and reducing the cost of providing basic infrastructure is an important part of our population policy. We are also taking active measures to diversify the economy and create greater opportunities for income and employment for all. Furthermore, environmental protection and promoting the rational use of natural resources form an important part of our overall development strategy.

In addition to providing basic services for our society and improving economic performance, the challenges of the future will make it necessary to build bridges across generations and create a more understanding and progressive cultural milieu in which young and old together embrace the new values of our evolving societies while respecting the traditions that we have inherited from our forefathers. As we stand at the threshold of the new millennium, we need to rededicate ourselves to the goals of the ICPD and work towards building a society that is free from prejudice and inequality, a society in which the rights of all are respected and revered.

In a globalizing world, island nations such as ours, with limited natural resources and human capital, urgently need the support and assistance of the international community in overcoming our inherent vulnerabilities and realizing the hopes and aspirations of our peoples for achieving lasting and meaningful development. In this context, it is regrettable that the world community remains far from meeting the funding goals that were agreed at the ICPD. We look towards the United Nations to ensure the creation of a just social and economic order that will lead us to a future in which our children are free from hunger and disease, a future of hope and prosperity for all our peoples. I am confident that the United Nations will not fail us in helping to create that future.

The Acting President: I now give the floor to Her Excellency Mrs. Gloria Valerín, Minister for the Status of Women of Costa Rica.

Mrs. Valerín (Costa Rica) (*spoke in Spanish*): The International Conference on Population and Development (ICPD) signified an advance in the recognition of the clear rights of individuals and opened up great possibilities for the implementation of programmes and activities for care and prevention, all of which have as their objective the enhancement of the quality of life of human beings.

In Costa Rica today, the Office of the First Lady, the National Institute for Women, the Costa Rican Fund for Social Welfare and the Ministry of Health are promoting strategic sexual and reproductive health programmes.

The Government of Costa Rica is grateful for the opportunity to mention to the various programmes that we are currently carrying out. Our programme for the comprehensive care of cervical, uterine and breast cancer has brought standards and procedures for care up to date, reorganized prevention and care programmes in health institutions and carried out educational campaigns to prevent cervical, uterine and breast cancer, introducing gender-based training for the staff employed in our basic comprehensive health-care teams. It has also set up a laboratory that will soon be in a position to process 400,000 Pap smears per year.

The Young Love Programme includes sex education activities with and for girls, boys and teenagers. The Building Opportunities programme creates opportunities for personal and social empowerment and improving the quality of life for girls, pregnant teenagers and mothers through personal development and by providing access to comprehensive health services, education, employment opportunities and child care.

The project for the care and prevention of sexually transmitted diseases and AIDS in child prostitutes attempts to identify the skills and the needs of these girls and to involve them in formal education. The programme provides for the wide participation of Government officials, universities, non-governmental organizations, specialists and support staff, and it will make it possible to carry out a number of tasks related to HIV/AIDS. It defines their functions and establishes deadlines, which is essential for performance appraisal. Furthermore, at the beginning of June this year, a by-law of the general AIDS law was promulgated to ensure that that law is applied in a framework of full respect for the individuals suffering from this grave disease.

The immigration programme and amnesty regime is based on an executive decree of 9 November 1998. It is complemented by a by-law of the emergency regulations published on 29 January of this year. These two pieces of legislation establish the qualifications, reception sites and procedures and set out the rights of migrants. This exceptional regime was created in response to the social, human, economic and environmental drama brought on by the several natural disasters that devastated the vulnerable economies of the Central America countries. We have thus made it possible for migrants, both men and women, to regularize their legal situation so that they can avoid deportation and the resulting worsening of their personal and social situations.

To monitor compliance with the Cairo agreements and, later, those of Cairo+5, the Government, non-governmental organizations and United Nations agencies have set up a tripartite commission which has already begun its work.

As regards development, we have been devising a national women's employment policy to enable women to overcome the obstacles they encounter when seeking to join the labour force on an equal and equitable footing with others.

We are convinced that the agreements achieved here will provide new impetus to give our people, particularly our women, access to education, health and development.

The Acting President: I now call on His Excellency Mr. Leonardo Santos Simão, Minister for Foreign Affairs and Cooperation of the Republic of Mozambique.

Mr. Simão (Mozambique): On this auspicious occasion of the twenty-first special session of the General Assembly, I wish, on behalf of my Government and on my own behalf, to express my profound appreciation to the President and to the Secretary-General for convening this meeting on population and development. Indeed, population is and will remain the core of our activities as Governments and nations.

Five years have elapsed since we began this process in Cairo, and it is encouraging to note that our commitment to the common goals set forth in the Cairo Programme of Action are still alive today.

In 1994 when we approved the Cairo Programme of Action, my country was in a period of transition from war to peace, and since then we have taken sound political and economic measures to improve the social conditions of the Mozambican people as a whole. During the period of 1994-99, which coincides with the implementation of the five-year Government programme, the national economy has been growing at encouraging rates, thus contributing to the creation of a climate conducive to private investment. The positive impact of political and economic stabilization, coupled with greater allocation of resources to the social sectors by the Government, has contributed to a great extent to the

implementation of the Cairo Programme of Action. As a matter of fact, the share of the national budget allocated to the social sectors today has increased to 28 per cent, compared to 14 per cent in 1994.

Important legislation has been approved during the period under review, including policies related to education, culture, health, employment, the environment, youth and social welfare. These policies are common in nature, and they give special priority to women, children and the elderly. In this connection, I would like to highlight the adoption of the national population policy. We regard this policy as a fundamental instrument for influencing the determinants of demographic variables, with a view to contributing to harmonious economic growth and to improving the human development of the country.

However, like many other developing countries, Mozambique has a high population growth rate, estimated at about 2.7 per cent a year. This growth is the result of a combination of factors, including a rapid decline in the mortality rate and a persistently high fertility rate. Meanwhile, the infant mortality rate remains very high. It is estimated to be 134 per thousand live births. Maternal mortality is also high, estimated at 1,500 per 100,000 deliveries.

When we last met, in Cairo, we set a goal of cutting the 1990 level of maternal mortality in half by the year 2000. It is with regret that as of today, despite all of our efforts, this goal has yet to be achieved. Inadequate infrastructures, lack of qualified personnel, lack of drugs and persisting cultural and traditional practices that interfere with programme implementation still constitute a great challenge today. At the international level, inadequate financing and the imposition of new conditions, as well as reduction in official development assistance, have further exacerbated the internal difficulties faced by our countries. Our only hope is that the new realities will not make these difficulties even worse.

The ever-increasing threat of epidemic diseases that respect no boundaries and continue to claim thousands of lives every year has also played a negative role. My Government shares the concerns of other Governments, and indeed of the international community as a whole, regarding the increasing numbers of people affected with HIV/AIDS. In an attempt to address this challenge, we have launched a campaign to educate our people. The main targets are adolescents and youth, for they are the most vulnerable segment of the population. In this regard, in 1996 we created an intersectoral committee for adolescent and youth support and development, charged with the coordination of activities related to adolescent reproductive health.

We are therefore conscious of the fact that a lot remains to be done in order to improve the standards of living of our population, as a contribution to the implementation of the Cairo Programme of Action. Our main objectives are to eradicate absolute poverty, increase access to basic education for girls, eliminate gender disparities, increase access to reproductive health care, and reduce cultural and legal barriers that discriminate against women and girls, as well as to reduce maternal and infant mortality rates.

Gender equity and equality have remained a top priority of my Government, for we believe that no development policy can succeed when one important segment of the population is sidelined. We have been implementing specific measures to improve the status of women. In 1996, the Government approved a national post-Beijing plan of action, and for its implementation the Government has established a multisectoral operative group, with participation of both governmental and non-governmental institutions.

In Mozambique, the involvement of women in the decision-making process has increased considerably since 1994. Women now make up 28 per cent of the parliament and 13 per cent of the cabinet. With our continued resolve to ensure more participation by women in all sectors of our society, coupled with our programme to increase access to education for girls and women, we are certain that these numbers will further increase.

Regional and international partnerships are key elements for the success of the implementation of the Cairo Programme of Action. We would therefore like to express our appreciation to the United Nations agencies, funds and programmes for their role in providing financial and technical support in the field of population and development. It is our hope that this example will be followed by similar actions from those partners who have committed themselves to support the Cairo Programme of Action. Resource mobilization and international cooperation should remain high on our agenda for the future if we are to make further progress with the implementation of the Cairo Programme of Action.

The issue of external indebtedness continues to be a major impediment to the implementation of our commitments to social programmes.

On behalf of my Government and for my own part, I wish to seize this opportunity to thank most sincerely the International Development Association of the International Monetary Fund and the World Bank for the very important announcement made yesterday concerning debt relief for Mozambique under the Heavily Indebted Poor Countries Debt Initiative. This decision could not have been more timely after so many years of hardships endured by our people. Our thanks go also to the international community at large for recognizing and encouraging the efforts of Mozambique to build a better future for its people. Debt relief will help Mozambicans to undertake further measures in the implementation of economic and social programmes. After all, debt relief will be meaningful only if it can contribute effectively to poverty eradication.

As we all prepare for the new millennium, it is my sincere hope than the goals set out in the Cairo Programme of Action will be a reality for all, without exception. History reminds us that through joint efforts we have been able to overcome some of the daunting challenges and difficulties that mankind has faced, including epidemic diseases, natural disasters and wars, to name just a few.

Let us keep this spirit alive to ensure that future generations will be able to enjoy a better world in the years to come.

The Acting President: I call next on His Excellency The Honourable Nassoro Malocho, Minister of State for Planning of the United Republic of Tanzania.

Mr. Malocho (United Republic of Tanzania): My delegation wishes to congratulate Ambassador Didier Opertti and the other officers of the General Assembly on their election to steer our deliberations at this special session. It is our conviction that this session will provide opportunities for decision-makers to review and appraise the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

Tanzania actively participated in the International Conference on Population and Development in Cairo in 1994 and committed itself to the Programme of Action and the recommendations of the Conference. It is on that basis that Tanzania has embarked on a series of post-ICPD activities. The population sector has adopted new approaches found to be more appropriate to our community, emphasizing gender equity, reproductive health, and rights, and the empowerment of women. Tanzania has also found that the integration of reproductive health services within primary health care activities makes them more accessible to the community, and more affordable. The reproductive health and child care unit of the Ministry of Health has been strengthened, and has been mandated to coordinate all reproductive health activities in the country, including family planning, control of sexually transmitted diseases and HIV-AIDS, mother and child health, and post-abortion care.

The Government has instituted legislative and institutional changes to enhance gender equity and the empowerment of women, as well as establishing a ministry responsible for community development, women's affairs and children. Tanzania has also mainstreamed gender into the macro-economic policy framework, including the budgeting process and procedures. For instance, the universal access of girls to education and training is being enhanced. An education and training policy which, among other issues, aims at raising participation rates of girls by establishing more boarding schools for girls was adopted in 1995. Education and training curricula have been reviewed to avoid assigning gender-stereotype roles.

On the participation of women in decision-making positions, women have special seats reserved for them in all decision-making bodies, from the village to the national level. For example, women are guaranteed at least a 15-per-cent representation in Parliament and at least 25 per cent in local government councils.

The national population policy of 1992 is being reviewed to incorporate the emerging concerns of gender, youth problems, HIV-AIDS, environment and poverty alleviation, and a broader concept of reproductive health that encompasses sexuality and adolescent concerns which had not been perceived as social problems in the past.

In order to stimulate meaningful change for better social services for Tanzanians, the Government is undertaking social sector reform programmes which identify areas that need to be either reviewed or reinforced with the aim of improving service delivery. Social sector reforms emphasize decentralization of social services management, delivery of care and improvement of its quality and efficiency. Pilot areas for decentralization have been established, and the community is widely sensitized to participate in social services management, including reproductive health.

We do not underestimate the strong partnership and vital contribution of civil organizations in policy

formulation and in the implementation of population programmes. Non-governmental organizations have also played a crucial role in complementing government efforts to mobilize resources for population programmes, advocacy and lobbying for change in repressive cultural practices and legislation. We also appreciate the continued financial and technical support for population programmes that both bilateral and multilateral organizations render to our country. Time certainly will not allow me to mention all of our partners by name. However, Tanzania recognizes and is appreciative of the leading role played by the United Nations Population Fund (UNFPA) in supporting population programmes in our country.

Although Tanzania has registered modest achievements in the field of population, its social indices still remain low. With a youthful population, in which those under 15 years of age comprise 47 per cent of the population, the population growth rate is as high as 2.8 per cent. Life expectancy at birth is estimated to be 49 years, down from 55 years in the 1980s, while whatever gains are made in this area are being wiped out by the high death rate, which is due particularly to the high incidence of HIV/AIDS.

The reproductive health situation is also very poor, with high-risk programmes, high maternal mortality rates, a high rate of infant and child deaths, high fertility rates, a low contraceptive prevalence rate, a high proportion of unmet reproductive health needs, and the existence of harmful practices such as female genital mutilation. Previous studies show that 26 per cent of girls aged between 15 and 19 have already begun childbearing. Maternal deaths are still high at a rate of 529 deaths per 100,000 births. Eighty-eight infants out of 1,000 births die before reaching age one, while 137 children out of 1,000 die before celebrating their fifth birthday. Female genital mutilation is still being practised in Tanzania, with about 18 per cent of women reported to have been circumcised. At the same time, youths and adolescents are the most underserved population sub-group in our society as far as reproductive health and reproductive rights are concerned, in terms of both information and products.

Tanzania, like many other countries on the African continent, is faced with a number of daunting challenges in its efforts to implement the ICPD Programme of Action. The pace and scope of our efforts to reach the ICPD goals are greatly hampered by a shortage of resources. Although the Government has been increasing the share of resources allocated to the social sector and population programmes, available resources have tended to be much less than required.

Debt servicing has also been a major constraint. By the end of 1998, the country's external debt was about $8 billion, equivalent to 110 per cent of its gross domestic product. Currently, about 35 per cent of the total annual budget goes to debt servicing. Debt relief actions for the highly indebted poor countries are a positive step in enhancing capacities for implementing the ICPD Programme of Action. However, such actions need to be made more flexible in order to accommodate many of those countries.

Over the years, Tanzania has become almost a permanent home to hundreds of thousands of refugees from neighbouring countries. We welcome these refugees, in accordance with international conventions. We know that they are human beings and their rights have to be respected accordingly. However, the burden these refugees pose on our environment, infrastructure and social services is very serious. Although the international community has generously come up with some assistance to ameliorate the situation on several occasions, for which we are very grateful, there is an urgent need to step up this support and assistance in order to avoid a long-lasting catastrophe in the refugee camps and surrounding communities and for the overall development of the country.

The HIV/AIDS epidemic is another threat to our socio-economic development. In view of the social, economic and health impact of the pandemic of HIV/AIDS, its prevention must be accorded high priority by the international community if we are to survive in the new millennium. Now that we are more aware of the magnitude of the problem than we were in 1994, more resources have to be directed towards the control of the epidemic. The role of the Joint United Nations Programme on HIV/AIDS (UNAIDS) must be reinforced in leading a more concerted and coherent response to the HIV epidemic. Tanzania has intensified its fight against HIV/AIDS through a multisectoral approach. A National AIDS Advisory Board, chaired by Ali Hassan Mwinyi, former President of Tanzania, is reviewing current policy.

Given the existing constraints and challenges in the country, I wish to assure delegates that measures to create an enabling policy and legal framework have been undertaken. Opportunities also exist that can increase the pace of success. First, the country enjoys peace,

tranquillity and unity among its people. The introduction of a multi-party democracy has raised the level of political involvement and participation of the people, including that of women.

Secondly, the adoption of the long-term National Vision 2025 programme and the subsequent medium-term plans will offer a long-term policy guide and framework for strategic thinking. Hitherto, Government intervention was based on the short-term outlook and sometimes on foreign prescriptions, such as the economic recovery programmes, structural adjustment programmes and structural adjustment credits, some of which had negative effects on the well-being of the most vulnerable part of our society.

Thirdly, there has been a rapid increase in the involvement of civil society, especially non-governmental organizations, in the country in recent years. Such organizations, which have been working with communities at the grassroots level, are more responsive to local needs and are effective mobilizers of the people. They are emerging as successful change agents through lobbying and advocacy.

Fourthly, the ongoing reforms in the macro-economy, in the public sector, in local government, in the social sectors and in the political arena have established the tempo of change. We hope that the impact of these reforms will be to enhance partnership with the private and non-governmental organization sectors. Consequently, governance, accountability and people's participation will increase. Eventually, the rationalization of public-sector functions will make available more Government resources for social services.

I would like to stress that the world community is not short of blueprints and programmes of action. What we are short of is their implementation. Another limiting factor is the lack of coordination of efforts among collaborating partners. The "do it alone" syndrome leads to ineffective use of these resources.

The future, therefore, depends on working together and fulfilling the promises that have been made by different parties for the realization of the ICPD Programme of Action. Anything short of the fulfilment of these promises will ultimately affect the implementation process and contribute to slowing the process of poverty eradication, to which we committed ourselves in a number of international forums in the 1990s.

The Acting President: I now give the floor to His Excellency Mr. Petar Boyadjiev, Minister of Public Health of Bulgaria.

Mr. Boyadjiev (Bulgaria) (*spoke in French*): First of all, I should like to congratulate Mr. Opertti on his election to the presidency of the General Assembly at this special session. I also wish to congratulate the other members of the Bureau.

The delegation of Bulgaria greatly appreciates the key actions proposed for the further implementation of the Programme of Action. We believe that this document will make a decisive contribution to accelerating the process of implementing the measures agreed upon at the 1994 Cairo International Conference on Population and Development (ICPD).

Bulgaria has already aligned itself with the statement made by the representative of Germany on behalf of the European Union and associated countries. I should therefore like to raise some issues of particular importance to my country.

The development of the Bulgarian population today is marked by a deterioration in health and demographic indicators, including a steady decrease in the birth rate, which is now about 8 per 1,000; an increase in the mortality rate to 14.3 per 1,000; negative population growth, which stands at -6.4 per 1,000; and an exceptionally low overall fertility rate of 1.11 children per 1,000. In recent years, the infant mortality rate has been 14 to 16 per 1,000. The ageing of the population is continuing. In 1998, one person in four in Bulgaria had reached retirement age. All of these factors mean that we need to develop a policy capable of meeting the needs of an ageing population. The fact that there will be ever fewer people in the coming years to replace the active part of the population is of great concern.

The current demographic situation reflects the historical dynamic of the population going back over decades. A pro-birth policy was in effect until 1990, but it proved to be ineffective and did not lead to a change in the reproductive behaviour of the population. Despite a well-developed health network, activity in the area of family planning has remained ineffectual and voluntary termination of pregnancy has become the main method of birth control.

Mr. Wehbe (Syrian Arab Republic), Vice-President, took the Chair.

A radical reform in health care was undertaken in 1997. Primary health services provided to our people play an essential role in the new programme. In keeping with the Cairo Programme of Action, primary health care will offer a complete package of services in reproductive health care. Health promotion activities and the prevention of sexually transmitted diseases and unwanted pregnancies have an important place in the general practitioners' package of services.

International cooperation and partnership have been of exceptional importance in recent years in the implementation of reforms in the health and social areas. The family planning project financed under the PHARE Programme and implemented from 1995 to 1997 sparked an improvement in the quality of family-planning services and provided an opportunity for effective cooperation with the non-governmental sector and the mass media.

The implementation of a one-year project on HIV/AIDS strategic planning was launched in the context of an agreement between the Ministry of Health and the United Nations Development Programme. The aim of the project is to analyze the situation and to develop a national plan of action.

Participating in this special session of the General Assembly is of great importance to Bulgaria, since demographic trends in our country show a tendency towards stagnation that may have negative consequences in the next few decades.

At present, the development of a comprehensive reproductive health strategy, in cooperation with the United Nations Population Fund, is a priority for my Government, as is the implementation of a national reproductive health policy and of a programme elaborated on the basis of the recommendations of the International Conference on Population Problems and the Cairo Programme of Action.

In conclusion, I wish to stress once more the commitment of the Bulgarian Government to working for the development of the nation within the context of the overall development of our people in the name of the values common to all humanity.

The Acting President: I now give the floor to His Excellency Mr. Donald Buchanan, Minister of State in the Ministry of Finance and Planning of Jamaica.

Mr. Buchanan (Jamaica): The International Conference on Population and Development (ICPD) was a milestone for global population and development initiatives and set the global framework for cooperation in this area. This review is timely as it allows us, five years later, to examine the extent to which we have implemented the Cairo Programme and to chart our future course of action while sharing in and learning from each others' national experiences.

The central theme of this review — that population concerns are an indispensable part of national and international efforts to achieve equitable, sustained development — is particularly relevant to small island developing States, such as Jamaica and many in the Caribbean. In view of this, the mutually reinforcing links between population growth, poverty, economic progress, environmental conditions and unsustainable consumption patterns become stronger and may have more immediate consequences to our countries. Decisive action at the national and international levels will determine whether these consequences will be either a downward spiral of increased poverty and environmental degradation or the achievement of sustainable development and improved quality of life for our people.

This review must therefore, *inter alia*, ensure that population strategies are geared towards achieving the goal of poverty eradication, address the linkages between adolescent fertility and the perpetuation of the poverty cycle, increase cooperation for capacity-building in the area of reproductive health, and intensify efforts and commitments to addressing the AIDS pandemic.

The purpose of this review, as we see it, is not to rehash old issues, but to work towards the achievement of the goals identified in the Programme of Action. Hopefully, the difficulties which have arisen during the preparatory process will, through increased public awareness and better understanding of population issues, serve to facilitate the further implementation of the Cairo agenda.

Probably the most outstanding achievement for Jamaica since Cairo has been in the area of capacity-building, particularly with respect to policy and programme development. As a direct result of the ICPD, Jamaica revised its national population policy and formulated a national plan of action on population and development, consistent with the Cairo Programme of Action. This influenced the subsequent development of national policies and programmes in the areas of family-

life education, children, youth, senior citizens and poverty eradication. The thrust towards policy development is still proceeding with plans to formulate policies on disability, international migration, reproductive health, information, education, communication and advocacy. Non-governmental organizations have been actively involved at all levels in the development of our policies and programmes and have participated in their monitoring and evaluation.

My Government recognizes that sexual and reproductive health rests on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.

Only last year, we were pleased that a distinguished Jamaican, Mr. Hugh Wynter, Chairman of the National Family Planning Board, received the 1998 United Nations Population Award in recognition of his influence in shaping the provision of family planning and reproductive health services in the Caribbean over the past 40 years. Due to the efforts of the National Family Planning Board and committed individuals like Mr. Wynter, Jamaica today enjoys moderately low rates of population growth, fertility and infant mortality.

In 1960, the total fertility rate was approximately 6 births per woman. In 1997, this rate had fallen to 2.8 births per woman. Despite this achievement, adolescent fertility remains a serious problem in Jamaica, where about 25 per cent of total births are to adolescents 15- to 19-years old. Contraceptive use among them is low, putting them at extreme risk of being infected by sexually transmitted diseases, including HIV/AIDS. In fact, the rate of transmission of HIV among the youth is the fastest of all other age groups. The implications for the future are indeed of great concern to the Government.

Another important consideration needs to be highlighted. Poverty is principally a youth phenomenon in Jamaica. One of its major routes of transmission between generations is through early childbearing, resulting in, among other things, discontinued education and unemployment. Breaking the cycle of poverty is coterminous with the empowerment of our women.

Initiatives by government, with assistance from the United Nations Population Fund and the United States Agency for International Development, targeting adolescents and youth in selected communities island-wide, have shown positive but limited results. The task ahead requires a much more comprehensive, multi-pronged and integrated approach to systematically address the complex and interrelated needs of adolescents and youth.

Jamaica has been experiencing a moderately rapid process of ageing. The most noticeable feature has been a decline in the proportion of children up to 14 years old and a significant expansion of the proportions in the reproductive, labour force and retirement ages. In recognition of the implications of these changes for continuing population growth, reproductive health, job creation, welfare and poverty eradication programmes, the Government is committed to including these areas in population programme development and implementation.

Since we are a small, island, developing State, our vulnerabilities lie in our susceptibility not only to natural disasters but also to external macro-economic factors. For nearly two decades we have pursued structural adjustment and liberalization policies which have severely constrained our national budget and have seriously reduced allocations to national development programmes, including those in the area of population. Some critical programmes have had to be scaled down or placed on hold. In addition, recent financial crises, coupled with the vulnerabilities and the constraints faced by our local production and marketing systems in competing in international markets, have also served to limit the national budget. Our external debt burden has escalated over the same period. Today over 60 cents in every dollar in the national budget go towards debt repayment. Of the remainder, over 80 per cent go towards meeting recurrent expenses. The logic of the scenario for development is self-evident. Indications are that related goals and objectives for fertility, life expectancy, primary health care, reproductive health, education and poverty eradication may not be achieved within the desired time frame.

Direct aid alone will not provide a lasting solution to recipient countries' development needs. It will also be necessary to reform international economic and financial institutions to promote equitable relationships between countries, particularly in the area of trade, to avoid dependence on aid. We note with special interest recent steps by the Group of 7 and some individual countries to reconsider strategies and to take tangible steps to alleviate the debt burden, particularly on the most vulnerable.

As earlier speakers have noted, developing countries like Jamaica have demonstrated their commitment to implementing the Programme of Action by formulating

new, or revising existing national population and development policies in line with the International Conference on Population and Development (ICPD) goals and have already allocated scarce resources to fulfil their commitments. The reality is that the resource goals in the Programme of Action are still elusive.

Finally, Jamaica wishes, in this forum, to fully recommit herself to the goals and objectives enshrined in the Cairo Programme of Action, as we consider that in the attainment of these goals we will ensure a better quality of life for our people and for generations yet to come.

The Acting President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Vladimir Hotineau, Deputy Minister of Health of the Republic of Moldova.

Mr. Hotineanu (Republic of Moldova) (*spoke in French*): First of all, I should like to convey congratulations to the President on his election to the Presidency of this special session of the General Assembly. I am convinced that because of his skill, and with the support of all Member States, he will do an outstanding job.

This is a good opportunity for me to participate on behalf of the Government of the Republic of Moldova in this special session devoted to the review and appraisal of the implementation of the Programme of Action adopted five years ago by the International Conference on Population and Development (ICPD). I am sure that this meeting will offer us an excellent forum to discuss population problems as well as the future of international policies in the area of population and development.

The five years since the International Conference in Cairo have been of special importance for the Republic of Moldova. During this time, basic changes have occurred in all areas of economic and social activity, which in turn have made irreversible the process of democratization and the transition to a market economy. In the context of the reform process, we have adopted social and economic measures to design a legal system to protect the people, given the worsening basic health indicators and our shrinking population.

In implementing the Programme of Action adopted at the Conference in 1994, we have started a process of creating a legislative basis for gender equality and reproductive health, including the reorganization and the improvement of State services for family planning and the development of an educational system for young people. Thanks to the close cooperation between the Government, the non-governmental organizations and United Nations agencies, we have seen positive trends in reducing maternal and infant mortality rates. The use of hormonal contraceptives has increased in recent years from 1 to 5.1 per cent. Nevertheless, these indicators are still below the indicators we see in developed countries.

It is certain that the Programme of Action was a new milestone for international development. That is why the delegation of the Republic of Moldova supports the conclusions and recommendations contained in the report of the Commission on Population and Development as the preparatory committee for the special General Assembly session. This document includes, in our view, some key actions that will be taken by the international community to attain the objectives of the 1994 Conference.

I should like to stress at the same time the fact that the limited financial and economic resources of the Republic of Moldova have, to a certain extent, impeded implementation of Cairo Programme of Action. The international economic and financial crisis has also affected the Republic's social welfare system, which has influenced indirectly the decision of families about the number of children they want, the improvement in family stability and, consequently, the lifestyles of families.

Programmes promoted by the Ministry of Health involve in particular increasing the access of young people and adolescents to reproductive health care. There is also an effective campaign under way to provide information and education in cooperation with civil society.

Despite the fact that the Republic of Moldova in recent times has given priority to reproductive and sexual health, in accordance with the provisions of the Cairo Programme of Action, there are still deficiencies in the system of family planning and reproductive health care, in the quality of services for our people and in the creation of an appropriate medical system. We need to reduce the number of abortions and to prevent sexually transmitted diseases and HIV transmission. We need to train medical staff and to provide clinics with contraceptives, in particularfor those who live in rural areas and for young people.

In conclusion, I would like to underscore that the tasks set out in the Cairo Programme of Action remain of overriding importance for the entire international community. The Republic of Moldova is one of the

countries that is continuing to strive to make effective use of all available resources so as to improve reproductive health and the demographic situation. Ongoing support from the international community could have a positive impact on the creation of the necessary infrastructure and the institutions needed for the harmonious development of the Moldovan people.

The Acting President (*spoke in Arabic*): I give the floor to His Excellency Mr. Mohammad Abulhasan, chairman of the delegation of Kuwait.

Mr. Abulhasan (Kuwait) (*spoke in Arabic*): Allow me at the outset to extend our congratulations to the Commission on Population and Development for its efforts in preparing for this special session of the General Assembly. I wish also to congratulate the United Nations Population Fund on the role it has played in dealing with the practical requirements for this session and with the implementation of the International Conference on Population and Development Programme of Action.

The high level of international participation at this special session reveals the importance the entire international community accords to the role population and development play in promoting the material and cultural well-being of humanity.

Kuwait takes a comprehensive development perspective on population issues and how to deal with them. It is concerned both for economic growth and for distributing the fruits of this growth to all citizens. Furthermore, it takes a special interest in catering to basic needs in the fields of health, education, housing and social and public services. It takes an equal interest in meeting human aspirations for raising living standards.

A case is in point is the social programmes being undertaken by the State in the interest of all citizens of various ages. Care begins before the birth of Kuwaiti children, in conformity with careful scientific planning. Government expenditures for social services amounted to more than 41 per cent of the total public expenditures for the 1994-95 biennium.

We are committed to studying population issues. Analyses are prepared periodically and regularly, and specialized studies are also undertaken and continuously updated. On that basis, the Government's plans are reviewed to ensure that various population needs — for housing, education and health services — are met. These studies also provide a means of assessing the services that are being offered to various societal groups, such as children, youths, the disabled and the elderly. We also rely on these studies to elaborate our development strategy, a main objective of which is the building of the Kuwaiti person and addressing all issues facing the economy and society.

Our concern for the provision of educational and training services, including higher education, does not stop at increasing the numbers of those who benefit from these services. We seek to improve the efficiency of the educational system in its entirety, so as to meet high educational standards at all levels. These efforts will guarantee consistent improvement in the Kuwaiti quality of life as well as equal educational opportunities for all citizens. For the 1997-1998 biennium more than 10 per cent of total Kuwaiti public expenditures have been devoted to education.

The health-services sector occupies a central place in our policies. The State is devoted to providing all types of preventive and restorative health care for our citizens, in addition to raising awareness of sound health and nutritional practices and to creating, maintaining and preserving a fundamentally healthy environment. For two decades, from 1970 to 1990, health-care expenditures amounted to 14 per cent of total public expenditures. This rate dropped after much of the basic health-care infrastructure had been created. For the 1997-1998 biennium health-care expenditures were five percent of total public expenditures. The continuous advances in health-care services can be seen in the low mortality rate — 2.1 per one thousand — as well as in the declining infant mortality rate — 11 per one thousand children — and in the decline in the mortality rate for newborns, to 7.3 per one thousand, according to 1994 statistics.

State-provided social services meet the various needs of the Kuwaiti population. They include new labour and social-security programmes. Social-services and social-security expenditures were 12 per cent of the total public expenditures for the 1997-1998 biennium.

Kuwait has paid special attention to housing programmes because it believes that adequate housing is a social necessity and has an impact on the population's standard of living. Housing-sector expenditures represented 2 per cent of public expenditures for the biennium 1997-1998.

In the field of women's issues, one of our most salient achievements — and one in which we take pride — is the act granting Kuwaiti women full political rights in elections to parliamentarian councils. The act takes effect beginning with the upcoming elections. This initiative shows the Kuwaiti leadership's determination to revive the meaning of democracy and expand popular participation in parliamentarian councils. It represents a civilizational step and rewards Kuwaiti women for their dedication to national efforts in all areas of development. Kuwaiti women now enjoy all the rights guaranteed them by the Constitution.

Tackling the contemporary problems associated with population growth is a significant task that requires effective and comprehensive international cooperation through greater coordination of efforts and increased endeavours with a view to implementing the recommendations of the ICPD Programme of Action. That programme stresses the importance of meeting the needs of both men and women. In this context, my delegation is of the view that the implementation of those recommendations is the sovereign right of each State, to be carried out in the framework of its national legislation and development priorities on the basis of full respect for religious and ethical values and cultural backgrounds, in line with internationally recognized human rights.

The Acting President (*spoke in Arabic*): I give the floor to His Excellency Mr. Li Hyong Chol, Chairman of the delegation of the Democratic People's Republic of Korea.

Mr. Li Hyong Chol (Democratic People's Republic of Korea): At the outset, I should like to congratulate Mr. Didier Opertti on his election as President of the twenty-first special session of the General Assembly on the overall review of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

We are of the view that the issue of population and development is an important agenda item that should be given priority in order to orient the twenty-first century towards peace and prosperity for humankind. We further believe that this session will provide an impetus for facilitating a more intensive implementation of the Programme of Action with the active participation of all countries.

The process of the implementation of the Programme of Action makes clear the fact that the international community has taken the right road: a comprehensive approach to the population issue in the context of a broad, long-term perspective, with the main emphasis on the welfare and development of people. This has been proved over the past five years by the Programme's results: increased public awareness and understanding of the population issue, and the tangible successes and progress achieved in such areas as reproductive health, the protection and promotion of women's rights and a reduction in mortality rates.

However, that success is only a good start in the context of the long-term goals of the International Conference on Population and Development, and even that much has not been achieved in many parts of the world. The international community therefore still faces the important task of overcoming difficulties and challenges and continuing to implement the Programme of Action by consolidating existing gains and drawing from experience and lessons learned, with a view to the successful achievement of the long-term goals of population and development.

In recent years the negative impact of globalization and a succession of natural disasters have resulted in economic marginalization and increased poverty for many developing countries, resulting in a serious reversal of the gains achieved in the field of population and development.

The population issue is not a simple one limited only to the growth, structure and distribution of population, but rather a comprehensive issue directly related to sustainable development with a view to safeguarding present and future generations of human beings and improving their livelihood. In each country, therefore, a satisfactory and far-reaching solution to the population issue cannot be ensured if no gains are registered in such development areas as poverty eradication and sustained economic growth. This shows that the issue of population and development is one of the most pressing matters faced by the developing countries.

It is true that each country has the primary responsibility for successfully resolving the issue of population and development. Therefore, Governments should demonstrate their firm political will and leadership through the consistent implementation of the Programme of Action and fully mobilize and effectively use human and material resources for population and development.

However, serious economic stagnation and the unfavourable international economic environment

currently confronting many developing countries make it difficult for them to resolve the problem of the absolute lack of the funds, resources and technical capabilities that are badly needed to achieve the goals of the Programme of Action. Since the developing countries constitute the majority of the world population, the successful implementation of the international Programme of Action is quite inconceivable if these serious economic and financial difficulties are not overcome and if the international environment, unfavourable for developing countries, is not rectified.

From this point of view, we believe it imperative for the international community to facilitate the promotion of a supportive economic environment, particularly for developing countries in their effort to eradicate poverty and achieve sustained economic growth in the context of sustainable development, as agreed at the International Conference on Population and Development.

To this end, official development aid should be increased and active assistance provided for technology transfer and national capacity-building, as committed to by the developed countries at the Cairo Conference. At the same time, a genuine relationship of cooperation should be established among countries based on the principles of equality, mutual respect and non-interference in internal affairs, taking into full account differences in cultural traditions, socio-economic environments and levels of development. The principles set out in the ICPD Programme of Action must strictly be observed with a view to the smooth conduct of international cooperation in the field of population and development.

The Government of the Democratic People's Republic of Korea considers the constant promotion of the people's welfare to be a matter of the highest priority and, paying close attention to the issue of population and development, has long viewed the resolution of the population issue as an important task directly related to the improvement of the living standard of its people and the future development of the country.

Significant successes have been achieved in the Democratic People's Republic of Korea, thanks to the popular policy of the Government and to our well established socialist system, which is designed according to our own style and is centred on the popular masses. Social policy and social measures have been implemented at a high level, such as free medical care, 11 years of free compulsory education, equality between men and women and 150 days of paid maternity leave.

The Government of our republic attaches great importance to the implementation of the Programme of Action of the 1994 Cairo Conference and has taken a series of measures actively to carry on work in the area of population and development in keeping with our country's situation. The Government began by constantly increasing public awareness of the issue of population and development through the translation, publication and nationwide dissemination of the Programme of Action of the Cairo Conference. It has also put in place a population policy suitable to the country's situation and is providing guidance to government bodies such as the State Planning Commission, the Central Bureau of Statistics, the Ministry of Health, the Ministry of Education, the Academy of Social Sciences and the Population Centre in their work of carrying out and supervising the implementation of this policy through the institutions for which they are responsible. At the same time, relevant social organizations such as the Korean Democratic Women's Union and the Korean Family Planning and Maternal and Child Health Association are encouraged to play an active part in family planning and other reproductive health services.

In spite of temporary difficulties caused by the destruction of health and education facilities and industrial and agricultural infrastructure as a result of the natural disasters of recent successive years, our people are full of courage and are firmly convinced that under the Great Leader and our social system they can repair the damage in the shortest possible time and build a rich and strong country.

In conclusion, I would like to affirm that the Government of the Democratic People's Republic of Korea will continue to adhere to its lofty mission of pursuing the promotion of our people's welfare and sustainable development, will faithfully implement the Programme of Action of the Cairo Conference and will actively cooperate with the international community.

The Acting President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Alisher Vohidov, Chairman of the delegation of Uzbekistan.

Mr. Vohidov (Uzbekistan) (*spoke in Russian*): I wish at the outset to congratulate Mr. Didier Opertti on his election to the presidency of the General Assembly at its twenty-first special session. We are convinced that his great skill and diplomatic experience will guarantee the success of the special session and the attainment of our goals.

The guiding principle of Uzbekistan's pursuit of renewal and progress is a strong social policy providing solid social guarantees and measures for the protection of our people at every stage of the process of market reform. This means first and foremost support for socially vulnerable groups, assistance in adapting to the new realities, and the elimination of potentially severe social conflict.

In that connection, Uzbekistan has established a new social-protection mechanism that incorporates both foreign experience and our specific national situation. We are putting particular stress on assisting needy families, formulating and implementing a system of targeted social protection for our people, and eliminating excessively egalitarian and dependent mindsets. A distinguishing feature of the new social protection system is strictly differentiated approaches to various population groups. The keystone of our social policy is support for the family; here we take into account the specific characteristics of our national thinking and the ways in which our people live. There is broad support for the provision of assistance through local self-government committees; this approach has a centuries-old tradition among our people. As a system for providing assistance, this fully incorporates and makes use of our national tradition of mutual support.

The Government of Uzbekistan has developed a programme of specific measures to protect the interests of our people. It is aimed at addressing a range of interrelated challenges, protecting individual social and economic rights and human rights in general, providing legal protections and creating conditions to protect the cultural, spiritual and intellectual interests of our people.

Uzbekistan has declared 1999 the Year of the Woman. In that connection a State programme of measures has been formulated and is being implemented to enhance the role of women in the family and in public and social structures, and to protect their legal, social and spiritual interests.

At present, many non-governmental organizations are operating in Uzbekistan, many of which have the primary goal of bringing about equality of rights and opportunities for men and for women, improving the status of women in the family and in society, and helping women adapt to new social and economic conditions. Developing a constructive dialogue between the Government and non-governmental organizations has been one of the most important challenges facing the legislative and executive branches of the Government of Uzbekistan. In the context of interaction between non-governmental organizations and the Government, we are working actively to develop cooperation with the Bureau for Democratic Institutions and Human Rights. We lay particular stress on interaction with non-governmental organizations in the area of respect for human rights on the basis of international norms as set out in the Universal Declaration of Human Rights and in other documents of the United Nations and its specialized agencies and of the Organization for Security and Cooperation in Europe.

Our republic's laws on protection of the rights and interests of women, our Constitution, and our laws relating to labour, the family and citizenship all show that Uzbekistan has established a normative legal basis that conforms to international norms. The republic's accession to the United Nations Convention on the Elimination of All Forms of Discrimination against Women, its decision to limit the work week to 40 hours, its laws protecting mothers and children, and its endorsement of the Declaration and Platform for Action of the Fourth World Conference on Women show that improving the status of women in Uzbekistan is among the State's priorities.

A great concern of our Government is to improve the health of our population, and it also gives serious attention to the issue of raising a highly moral, spiritually developed and physically strong new generation. One of the main focuses here is on improving the family planning system. In establishing a theoretical basis for a comprehensive approach to family planning matters, our Ministry of Heath has taken into account our national traditions, other cultural and social factors, and the moral and religious aspects of the question. Creating a broad network of family planning offices in the republic, improving the qualifications of professionals, considering media input and the work of local self-government committees have created a positive attitude towards family planning and women's reproductive health care. This in turn has opened the way to expanding reproductive health and family planning programmes.

Like many other countries, the Republic of Uzbekistan has a State social insurance system which protects our people from social risks. The fundamental challenge facing this system is to provide targeted economic support for families facing material difficulties, to provide social assistance to single elderly people, particularly women, and to provide social and occupational rehabilitation for disabled people.

Starting in 1994, an important change took place in our social protections system because of the shift in the

Republic from universal social assistance to the provision of reliable social guarantees and support for the most vulnerable groups of the population. This has brought us into line with similar systems in countries with market economies.

One of the most serious problems for Uzbekistan is the environmental crisis resulting from the shrinking of the Aral Sea. The environmental damage done in the Aral region has had a particularly dire effect on women and children. A large number of pregnant women and children in this region suffer from anaemia, and maternal mortality there is high.

The Government of Uzbekistan has decided that one of the main areas of activity is the reduction of the negative impact of the Aral Sea crisis on the health of the population of that region, especially that of women and children. Given the magnitude of the problem caused by the drying up of the Aral Sea, the negative consequences of which extend far beyond the confines of the region, I should like to take this opportunity once again to draw the attention of the world community to this disaster and to appeal to international organizations and donor countries to support the efforts of the countries of Central Asia with regard to this issue.

In conclusion, allow me to recall that the United Nations Charter proclaims it an obligation to promote social progress and better standards of life in larger freedom. We must realize the enormous potential that we have and learn how to use it correctly and in a timely manner. The broad participation of the countries and peoples of the world, working under the auspices of the United Nations to resolve population and development questions, will make it possible to achieve a more stable and secure world.

The Acting President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Subhas Chandra Mungra, chairman of the delegation of Suriname.

Mr. Mungra (Suriname): Five years ago, in 1994, the international community adopted, after very lengthy and difficult negotiations in Cairo, the Programme of Action on Population and Development, which we can consider to be a landmark in international cooperation as well as a turning point in the way we think about population as it relates to development. Indeed, it is a new vision of population policies and programmes that is no longer based solely on demographic numbers but is rooted in fundamental human rights, including the right to development and the rights of women and children, in particular the girl child. It also right that the Programme of Action calls for the empowerment of women as a matter of justice and agrees that reproductive health is a human right, bringing a new gender dimension into population policies and programmes. Based on the Cairo agreement, population policy is now recognized as an integral part of the development programme of most nations in the world today.

It is commendable that this review process on the implementation of the Programme of Action has been successful in resisting attempts to reopen the discussion of what was already agreed upon in Cairo and adopted by the General Assembly in resolution 49/128 of 19 December 1994, thus enabling us to focus our attention mainly on furthering the goals of the International Conference on Population and Development (ICPD), rather then distracting us from doing what is right for our respective peoples.

During the five years since the Programme's adoption, we have witnessed the resolve of Governments, of the United Nations system, spearheaded by the United Nations Population Fund (UNFPA), and of national and international non-governmental organizations to implement their respective commitments, with different levels of success.

The report on proposals for key actions for the further implementation of the Programme of Action indicates that major achievements were reached and constraints encountered in our efforts to reach the goals of the ICPD. We would like to emphasize in particular the observation that excellent work has been done by countries in integrating population and development concerns and that these gains have now come under tremendous pressure as a consequence of economic difficulties caused by, *inter alia*, the well-known negative impact of globalization, in particular for many of the small developing States.

Suriname, with its diverse population, has in the past dealt with population issues in all their various aspects in a satisfactory manner. Notwithstanding the economic difficulties caused by lack of financial resources as a consequence of falling official development assistance and reduced export earnings, the country has continued to strive to provide the needed services in the framework of the principles and goals of the ICPD and the Programme of Action.

We would not be successful in many areas without the support of UNFPA, the International Planned Parenthood Federation (IPPF) and our partnership with national non-governmental organizations, in particular the Lobi Foundation, which has been at the forefront in providing information and services at the grassroots level regarding family planning and sexual and reproductive health. We still have a long way to go, and the pressure resulting from our economic misfortunes has indeed hampered our efforts to gain greater success in the implementation of the ICPD Programme of Action.

Within the framework of the overall implementation of the Programme of Action, we are pleased to inform the Assembly that we have made substantial progress in several fields, including the establishment of a national office on gender policy and the advocacy of ICPD principles and awareness-raising nationwide; strengthening and expanding the overall network of non-governmental organizations in the country which are involved with the implementation of the ICPD Programme of Action; the implementation of a national programme on free cervical screening for five years for all women; the establishment of a women's parliamentary forum; and the initiation of a youth parliament.

Priority areas of the Government of Suriname's population programmes include the promotion of gender equality, family planning and reproductive health, the protection of the human rights and dignity of migrants.

The second governmental track is guarantees of basic education, especially for girls and female adolescents inside and outside cities and in rural areas, as it has been proved that increasing the educational level of women greatly influences their approach to family planning, their sexual behaviour, their health condition in general, the health of their children and family and their first pregnancy, among other elements.

The Government of Suriname is of the opinion that all individuals, especially those from the poorest strata in the community, have the right to information about and access to family planning and social and medical services. The enjoyment of this right could be best guaranteed by a policy which increasingly makes available safe, effective and affordable methods of contraception to promote responsible parenthood, including the prevention of unwanted pregnancies.

With support from UNFPA, a major pilot programme focusing on adolescents and sexual and reproductive health care is currently being put in place.

Recognizing the importance of young people for the future development of our country, the Government has recently installed a high-level steering group on youth policy, which is entrusted with the task of formulating an integrated youth policy based upon the Cairo Programme of Action.

The basic health policy in Suriname is implemented on the premise that health services should be available, affordable and accessible to all segments of the population, with emphasis on the development of primary health care. Currently, some 85 per cent of the population has access to health care and services through a health insurance system.

The Government of Suriname is determined to continue to honour its commitment to the Cairo Programme of Action. However, we are being confronted with serious resource constraints, as is the case for many other small developing countries, due to economic shortfalls and diminishing earning capacity. This calls for new and additional resources from donor countries and international financial institutions to complement national efforts and resources for the further implementation of the noble principles of the ICPD Programme of Action and to reverse the current decline in overall official development assistance.

In closing, my Government is convinced that the proposals for key actions for the further implementation of the Programme of Action of the ICPD, to be adopted at this twenty-first special session of the General Assembly, will indeed give further impetus to the successful implementation, in a renewed spirit of strong partnership with civil society, non-governmental organizations, the private sector and the international donor community, of the lofty principles that were agreed in the Cairo Conference and geared towards a substantial improvement of the well-being and fundamental rights of the majority of the world's population, especially women, children and adolescents as we enter a new millennium and a new century.

The meeting rose at 6.05 p.m.

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General Assembly
Twenty-first Special Session

Official Records

6th plenary meeting
Thursday, 1 July 1999, 7 p.m.
New York

President: Mr. Opertti ..... (Uruguay)

The meeting was called to order at 7.05 p.m.

Agenda item 8 (*continued*)

Overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development

The President (*spoke in Spanish*): I now give the floor to Her Excellency The Honourable Billie Miller, Deputy Prime Minister and Minister of Foreign Affairs and Foreign Trade of Barbados.

Ms. Miller (Barbados): In the view of the Barbados Government, our task here at this special session on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) is to chart the way forward in a new and dynamic global environment. The task is indeed a difficult one, but not impossible.

As we look back on five years of implementing the Cairo ICPD Programme of Action, we observe that, on a worldwide scale, there has been much progress in policy and programme design, in legislative and institutional frameworks and, to varying degrees, increased partnership and collaboration among Governments, United Nations agencies, non-governmental organizations and civil society. Still, there remain many challenges.

The HIV/AIDS pandemic has emerged as a major challenge that seriously threatens recent ICPD achievements. Developed and developing country records show the disastrous toll inflicted by the epidemic, with respect not only to mortality, but also to morbidity. In the hardest hit countries, life expectancy at birth is currently estimated at 47 years and one quarter of the adult population is infected. The number of children orphaned by AIDS is expected to increase to 40 million by the year 2010.

The social and economic losses due to AIDS are reversing hard-won development gains. Its destructive forces pose a fatal threat to men and women alike during their productive years and, in the case of women, especially during their reproductive years. There is a serious need to review the objectives and actions set out in Cairo and to evaluate new goals to arrest the spread of AIDS. In this respect, the international community must strengthen its actions in order to meet key strategic goals in the crisis of HIV/AIDS, as well as in national health and reproductive health services.

Adolescent reproductive health is another major challenge in the implementation of the Cairo ICPD Programme of Action. In 1994, delegates reached a high degree of consensus on issues relating to sexual and reproductive health and the well-being of young people, who today constitute 30 per cent of the world's population. The Programme of Action was specific in outlining the actions required to promote responsible and

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healthy reproductive and sexual behaviour and to substantially reduce all adolescent pregnancies.

The Programme of Action recognized then — as it does now — that the sexual and reproductive health of adolescents is closely entwined with other societal problems and unmet needs. In order to understand them, we must understand their antecedents and take into consideration the familial, social, cultural and economic aspects of their environment. In addition, it must be further recognized that education is the key to understanding the issues associated with adolescent reproductive health. It is also important that young people be involved in the planning, implementation and evaluation of adolescent health programmes.

During the 1980s, the Inter-American Parliamentary Group on Population and Development sponsored a highly successful series of youth parliaments throughout the Caribbean. These parliaments gave young people an opportunity to research and express their views on the causes and consequences of decisions which related to their sexual and reproductive behaviour. One of the positive spin-offs of the exercise, especially in the case of Barbados, was the development of peer counselling, which is being actively pursued by the Barbados Family Planning Association. This model of using young people as advocates to communicate critical messages concerning their sexual and reproductive health is arguably one of the Barbados Family Planning Association's most successful initiatives in the past 10 years.

We cannot speak to issues on population and development without reference to the phenomenon of population ageing, which presents new challenges to our nations, particularly in the area of sustained economic growth. The Programme of Action has provided us with key proposals for future action, which need to be implemented at both the national and the international levels. In order to meet the challenge of population ageing, we will have to comprehensively address the legal, fiscal, financial and labour implications of ageing as they relate to pensions, social benefits, other social services and long-term health-care problems. There must be support for senior citizens which will allow them to play a more productive role in the labour market and in society as a whole.

Barbados is fully aware of and actively engaged in the process of interdependence which links poverty, economic development and the environment. As a small island developing country with limited financial resources, Barbados has embarked on a programme of social transformation intended to embrace the most disadvantaged in our society. As part of the Government's institutional restructuring, a new Ministry — the Ministry of Social Transformation — has been established to work for the eradication of poverty and reform of the social sector to meet the challenges of the new millennium. Greater emphasis is being placed on ensuring the right of every citizen to a decent quality of life.

Barbados remains committed to the goals of the ICPD Programme of Action and has cooperated at the national as well as the regional levels to further its implementation. In addressing male responsibility and participation, the Government of Barbados has insightfully elevated its Bureau of Women's Affairs to a Bureau of Gender Affairs, with the intention of promoting gender equality and to encourage and enable men, as well, to take responsibility for their sexual and reproductive behaviour and their social and family roles.

The post-ICPD years have witnessed a general increase in activities in the Caribbean focusing on young people and organizations working with youth. These activities culminated in the United Nations Population Fund (UNFPA) Caribbean Youth Summit, held in 1998, on adolescent sexual and reproductive health rights. The Summit produced a Caribbean regional declaration and a regional plan, which called for the creation of reproductive health and social services for youth that are founded on the ICPD Programme of Action.

Finally, I should like to refer to the last challenge. Inadequate resources for implementing the Cairo Programme remain a burning issue. The Programme of Action estimated that the implementation of its population and reproductive health component would cost $17 billion by the year 2000, with two thirds coming from national resources and one third from the donor community. Since the first enthusiastic flow of financial aid, donor fatigue has set in and the flow has ebbed.

This development is a serious setback, particularly since the donor community plays an important role in financing population programmes in developing countries. We live in an interdependent world. All countries should therefore strive to meet the committed target for assistance in order to re-energize the implementation of the ICPD. In our view, the United Nations Population Fund has met the challenge of the Cairo Programme with great resolve and effectiveness. We would urge that

increased resources be made available to UNFPA, which bears major responsibility at the multilateral level for follow-up and implementation.

As we know, life is about choice and change. As agents of change, we have the tremendous opportunity and potential to make and influence the choices which will augur a better quality of life for all of us as we approach the twenty-first century. We know that we are not expected to complete the task; but neither are we at liberty to abstain from it.

The President (*spoke in Spanish*): I now call on His Excellency Mr. Miguel Abdon Saguier, Minister for Foreign Relations of Paraguay.

Mr. Saguier (Paraguay) (*spoke in Spanish*): Paraguay is pleased to be able to affirm that, with the support of the Government and civil society, it has laid the foundations for the institutional support of the Cairo Programme of Action, based on the commitments undertaken to achieve the goals set at that important meeting.

Far from representing mere compliance, this is an encouraging situation and motivates us to continue to work with determination, as we accept fully that such serious problems will not be resolved through isolated and short-lived actions. They will require short-term and long-term policies, as well as arduous daily work, the pooling of the efforts of the entire national community and the benefit of international support.

For our present Government, the improvement of the quality of life of the population takes priority. In this context, not only do we fully take part in and implement the population and development programmes promoted by the United Nations Population Fund, but we consider the Fund's underlying goals to be in our national interest. That is evidenced by the fact that we are represented in this Assembly at the highest level.

The close link between population and development and other fundamental elements — such as human rights, gender equity, social development, health, education and support for the family as a basic unit of society — have made them into key actions and ongoing concerns for our Government.

In the light of the commitments undertaken in the Cairo and Beijing Conferences, important progress has been made in overcoming the obstacles to legal and true equality between men and women in Paraguay.

Since the beginning of the democratic transition, various legal reforms have taken place, starting with a new national Constitution and civil, labour and penal codes. The creation in 1993 of a governmental entity at the highest State level, namely the Ministry for Women, which is charged with incorporating the gender perspective into public policy, and the establishment in 1999 of Ministries for Women in regional and municipal governments are evidence of further institutional progress.

With the goal of incorporating the commitments undertaken by the Republic of Paraguay with respect to the Programme of Action and on the basis of those commitments, we would like to draw attention to the following achievements: the equal opportunity plan for women, which became State policy in 1997; the 1994 educational reform; and the 1995 programme of equality for women in education.

Another important measure adopted by my country's Government in the framework of health-care reform is the creation of the National Council for Reproductive Health, set up in 1994 with the participation of the public sector and civil society, with a view to implementing to implementing the national plan in that area. In the context of that plan, we would like to draw the Assembly's attention to certain indicators that we believe represent progress and to others that continue to present a cause for concern.

In 1987, 38 per cent of the population of reproductive age had access to some kind of family planning. In 1998, the figure reached 59 per cent. The overall fertility rate of the population between 15 and 44 years of age was 4.6 pc. cent between 1987 and 1990; for the period 1995-1998 the figure drops to 4.1 per cent. A total of 89 per cent of pregnant women received prenatal care at least once, and of these women, 72 per cent did so through the public sector. Furthermore, 59.4 per cent of births were institutional, while 38.8 per cent took place at home. In this respect we would like to point out that a midwife training programme has been developed by the Ministry of Public Health and Social Welfare.

From 1982 to 1995, the maternal mortality rate reached 190 per 100,000 live births, attributable to preventable causes. The infant mortality rate is estimated at 40 deaths per 1,000 live births. Life expectancy at birth has improved in Paraguay, according to the 1998

United Nations *Human Development Report*. The figure for women is 71.4 years, for men 66.8.

A significant fact that makes clear the awareness of the Government and of society as a whole is the development of reproductive-health programmes that include the armed and police forces. Implemented since 1998, their basic goal is to eliminate gender stereotypes. It is noteworthy that reproductive-health training has been carried out in a decentralized way and with community participation. Although some gains have been registered, certain negative indicators remain that will be overcome as we broaden the programmes of action. I should like also to point out that under the new Constitution we are promulgating new laws that promote women and the family.

Young people represent a large part — 40 per cent — of the population of Paraguay, and that sector is accordingly viewed as a key element of the country's public policy.

As was pointed out yesterday, in the year 2000 6 billion people will inhabit the world. This figure is extremely disquieting when compared with economic growth indices. Strong demographic growth in the absence of an adequate population policy would undoubtedly constitute an obstacle for our countries, since any efforts made in the fields of health, education and employment would then be ineffectual.

Greater cooperation and investment in the three critical areas mentioned earlier, coupled with an adequate programme of reproductive health in the framework of respect for life, will be key tools for achieving human development in our countries.

We are very motivated in this respect by the progress achieved, which has been the result of considerable efforts. We have overcome many difficulties and obstacles, but we know that the situation is serious and disquieting. For that reason we have done our best to make some headway.

We would like to reiterate at this important session once again our strong resolve and pledge to make determined efforts to achieve the noble and important objectives that we have set for ourselves.

The President (*spoke in Spanish*): I give the floor to His Excellency Eduardo Latorre, Secretary of State for Foreign Affairs of the Dominican Republic.

Mr. Latorre (Dominican Republic) (*spoke in Spanish*): The Government of the Dominican Republic wishes to express its profound satisfaction at participating in this special session of the General Assembly, at which we will consider and appraise the implementation of the Programme of Action of the International Conference on Population and Development.

The Dominican Government is convinced that as an overall expression of society, the population is the most dynamic manifestation and reflection of all of the economic, social and cultural aspects of our country.

The Dominican population has experienced dramatic changes in the last three decades. We have gone from 4 million to approximately 8 million inhabitants since 1970, and the population growth rate, on a five-year basis, declined from 2.4 to 1.7 per cent in that same period. The fertility rate has decreased from seven children per woman in the 1960s to approximately three at present, although differences still exist from area to area.

Life expectancy at birth has increased, rising from 64 years in the 1980s to 70.3 today, which means that the quality of life of the Dominican people has improved. Our human development index is 0.720 per cent, which places us fifth among the 11 Latin American and Caribbean countries with an average human development index.

Since 1996 the Dominican Republic has experienced sustained growth as a result of the economic policies of the Government of Mr. Leonel Fernández, which have resulted in an increase of 7.3 per cent in the gross national product, recognized by international organizations such as the Economic Commission for Latin America and the Caribbean as the highest in the world. Also noteworthy is a sustained increase in social spending of at least 30 per cent annually in the areas of productive employment, education, health and housing.

In the area of education, spending has increased by 44.2 per cent over the past two years; in the area of health care, 30 per cent; in social assistance, 60 per cent; and in housing, 300 per cent.

As a democratic Government, we base our public policies on the recognition of the Universal Declaration of Human Rights. We therefore endorse the principles supported by the Programme of Action adopted in Cairo in September 1994, indispensable components of sustainable development that place the human being at the

centre of development policies, accord women their rights and inspire measures in the field of population, including for reproductive health.

The Cairo Programme of Action has allowed the Dominican Republic to institutionalize new approaches, language and concepts in the field of population and development. It has promoted action programmes, changed the vision and determination of the Government and ultimately substantially modified the quality of life of different population segments, such as women, youth and children.

The Dominican Government has made reproductive health an essential component of its population and development vision, in the understanding that, in the demographic transition the world is experiencing, the countries with the lowest reproductive health indicators often encounter difficulties in their pursuit of development.

Five years after Cairo, the Dominican Government has integrated reproductive health services and made gender a cross-cutting component of these services. Efforts to incorporate male responsibility for reproductive health have also been increased. Strategies have been designed and applied to meet the reproductive-health needs of adolescents and youths.

As regards gender, the Dominican Republic can show progress, such as the enactment and application of Law 24-97, which modifies the penal code and the code of criminal procedure by which those who engage in domestic violence and violence against women, rape, discrimination or the abandonment of girls, boys, adolescents and the family are penalized. In 1997, the electoral law was modified to assign women a quota of 25 per cent of the congressional and municipal elective positions, and every day more women are given relevant positions in public administration. Other laws include the Code for the Protection of Boys, Girls and Adolescents and modifications of the agrarian reform law to include women and the family unit as subjects of agrarian reform.

A new general education law has been enacted and applied. The law includes the right to education without discrimination, *inter alia*, on the basis of sex. It grants equal educational opportunities to all and establishes equal rights for men and women.

On behalf of the President of the Dominican Republic, Mr. Leonel Fernández, I reiterate the firm decision of our Government to support the Programme of Action of the International Conference of Population and Development approved in Cairo in 1994; the report of the Hague Forum, held from 8 to 12 February this year; and the document drafted for the special session on population and development, which summarizes the major effort that has been made to support the Cairo principles. We are committed to the formulation and enactment of a national population and development policy, the reformulation of a general immigration law and the decentralization of national population policies to the provincial and local levels.

The Dominican Republic further commits itself to undertake the necessary efforts to strengthen its actions to comply with the Programme of Action, of which we are signatories. We will focus on the creation of a favourable environment that guarantees the implementation of population programmes; the promotion of equality and equity between the sexes and the empowerment of women; the promotion of reproductive health; and the strengthening of associations and the mobilization of resources.

On behalf of my Government, allow me to appeal to all countries represented here to increase their contributions to development programmes through the United Nations Population Fund (UNFPA), in compliance with the commitments made in Cairo. We will continue to develop strategic alliances between the Government and civil society to ensure the fulfilment of the commitments we make here at Cairo+5. In this context, our Government believes that non-governmental organizations must participate in the implementation of the population and development programmes and contribute actively to national, regional and international debates on this item.

We take this opportunity to express the gratitude of our Government to UNFPA for its important support for our population programmes, especially in the field of reproductive health, gender issues, data-gathering, the creation of public awareness and the design of public policies. This support has helped us to reduce the number of maternal and infant deaths in our country and to develop local capacities for compliance with the Cairo agenda.

Finally, we would like to assure the Assembly that Cairo is a reality in the Dominican Republic. In fact, on behalf of the Government I have the honour to represent, let me say that we will exploit Cairo+5 as a new opportunity in our population efforts to guide the destiny

of our country in accordance with democratic, participatory rules based on humanism, the fight against poverty, solidarity, equity and social justice, in the full confidence that our population is our most important and valuable resource.

The President *(spoke in Spanish)*: I now give the floor to Her Excellency Mrs. Bruce Mariama Aribot, Minister for Social Affairs, Advancement of Women and Childhood of Guinea.

Mrs. Aribot (Guinea) (*spoke in French*): First, I would like to thank all of those who have helped to organize this special session of the General Assembly on population and development. I would like particularly to cite the United Nations Population Fund for its tireless efforts to find comprehensive solutions to problems involving population and diplomacy. This very timely theme that brings us together today is a challenge to the entire international community. Three world conferences — Bucharest, Mexico City and Cairo — have emphasized the complexity of the relationship between population growth and sustainable development. The reports prepared and submitted by the Commission on Population and Development of the Economic and Social Council at last March's special session show how closely these issues are related. International conferences have provided an opportunity to shed more light on the nature and importance of these links and to propose plans of action. Various countries are making enormous efforts to implement the Cairo Programme of Action.

As regards the Republic of Guinea, the Declaration on Population Policy adopted in 1992 was revised in 1996 to take into account the Cairo recommendations. This policy Declaration is designed to ensure a balance between population growth and available resources. It has six long-term objectives: controlling population growth; improving the status of women; protecting vulnerable groups; protecting the environment; integrating demographic variables into the development planning process; and data gathering, analysis and distribution as well as strengthening the data-gathering infrastructure.

The Declaration on Population Policy was translated into a population programme which was adopted by the Government in May 1999. In order to carry out this programme, the Government has set up coordination structures and machinery at the national and local levels that stem from a decentralized and participatory concept. The objective is to focus greater attention on local areas and to stimulate participation by grassroots organizations, the private sector and non-governmental organizations in the elaboration, implementation and appraisal of the population programme.

The population programme translates the Declaration on Population Policy into operational action. It identifies 59 projects, half of which pertain to general health, reproductive health, the campaign against sexually transmitted diseases, including AIDS, and maternal and childhood health, in particular that of adolescents. These projects also target the social, economic and political development of women, towards which the Government of Guinea emphasizes the promotion of women's civil and political rights, their right to education and training, the anti-poverty campaign and strengthening the institutional framework for the promotion of their status.

Moreover, all the current large-scale development programmes — the National Programme for Human Development, the Support Programme for Village Communities, and so on — take the objectives of the population policy into account. This translates into improved social demographic indices. Thus, life expectancy has risen from 45 years in 1984 to 52 today; infant mortality has fallen from 136 to 124 per thousand; and contraceptive use is now at 6.5 per cent, compared to 2.5 per cent in 1990.

Progress has certainly been made, but much is yet to be done. Despite political involvement and juridical and administrative measures, the implementation of the population programme has met with many difficulties, especially that of inadequate financial resources.

While praising the efforts of the donor countries, I would nevertheless express my concern at the paucity of resources raised to implement the Cairo Programme of Action. Most of our economies are fragile and faced with numerous hurdles. The growth of poverty and the continual decrease in personal revenue hardly favour the financial involvement of populations and decentralized agencies in the implementation of population programmes. Thus, the highly indebted developing countries are more than ever in need of international assistance in implementing their population and development programmes.

Moreover, every country has its own specific problems. Guinea, for instance, is hosting 700,000 refugees — equivalent to one tenth of its population — from neighbouring countries that have undergone internal conflicts in the past eight years. In some regions, the

refugee population is larger than the local. We are compelled to take the presence of these refugees into account when seeking solutions to population problems in particular and development problems in general.

That is why, at this special session of the General Assembly, I wish to reiterate my Government's pressing appeal to the contributor countries to increase their financial assistance to population and development programmes. That is the price for the implementation of the ICPD Programme of Action. That is the price of a better world for the six billionth inhabitant of the Earth and all those children to be born in the third millennium.

The President (*spoke in Spanish*): I now give the floor to Her Excellency Ms. Lise Bergh, State Secretary for Gender and Equality Affairs of Sweden.

Ms. Bergh (Sweden): Let me begin by saying that Sweden aligns itself with the statement made by representative of the European Union.

The International Conference on Population and Development (ICPD) in Cairo five years ago was a remarkable achievement. It broke new ground and revitalized and carried forward the discussion on population and development. It also recognized that human rights include reproductive rights. My Government reaffirms its commitment to the goals and content of ICPD. In this context, Sweden wishes to emphasize that, in our view, sexual rights are also human rights.

Since the adoption of the Programme of Action, impressive progress has been made in many countries. A number of Governments and civil society organizations have contributed to implementing the Cairo agenda. The process leading up to this special session of the General Assembly has facilitated a dialogue centred on major outstanding concerns. As time is short, Sweden would like to focus on four issues where there are reasons for alarm.

The overarching issues on the ICPD agenda are crucial to development — politically, economically and socially. One is that of the rights and needs of youth. Never before has this planet witnessed such a large proportion of young people. About 1.2 billion of the world's inhabitants are youths. It is important to realize that young people are living in a world where change is taking place at breakneck speed. On the threshold of an emerging millennium that will be theirs, young people have claims, expectations and hopes. Among the threats facing young people in their early years are HIV/AIDS and sexually transmitted diseases. In and out of school, youths have a right to preventive means, such as education about sex and reproductive health, and to confidential reproductive-health counselling and services. Sexuality is a reality and a strong force in life and needs to be recognized and addressed accordingly.

There is a need for an environment and attitudes that can foster equality in relations between women and men. Traditional male behavioural models must be recognized and challenged. Male violence against women and irresponsible male sexual behaviour must be confronted.

Another very important issue in this context is the empowerment of women. Empowerment of women is about equal participation and equal representation at all levels of the political process and public life; it is also about economic, social and reproductive rights. Great disparities remain in legal and traditional status, health and education between women and men. This is unacceptable. The exposed and disadvantaged situation of girls and young women needs especially to be addressed.

Gender equality is thus at the heart of the Programme of Action. Gender is not a synonym for "female". Gender is about relations between women and men, and a key to this relationship is the redistribution of power between women and men. Women's empowerment is therefore an imperative for gender equality and absolutely essential to the achievement of sustainable development. But it is important to recognize that women's empowerment also leads to changes in traditional male roles and behaviour. Swedish experience indicates that men stand much to gain from this process.

Events since Cairo have, furthermore, brought to the forefront two issues of substance. One is HIV/AIDS. The other is maternal mortality.

Already in Cairo, HIV/AIDS loomed as a threat to many societies, especially in Africa. Since then, the menace of HIV/AIDS has grown and is also making its presence felt in other parts of the world. Estimates show that current resource needs for the prevention, treatment and care of HIV/AIDS exceed by at least three times the amount noted in the Cairo Programme of Action. The demands for more resources and more action are urgent.

It is all the more alarming that they are not yet forthcoming. Some societies are shying away from the realities of the situation and avoiding coming to grips with it. This state of affairs cannot and must not

continue. We should all put more resources into the struggle against HIV/AIDS.

The fact that maternal mortality is still a serious issue is another deeply disturbing fact. Conservative estimates show that the death toll from maternal mortality is at least the equivalent of three jumbo jets loaded with women passengers crashing every day, year in and year out. Many of the victims are young girls. This is a horrendous but persistent figure. Ninety per cent of maternal deaths take place in Africa and some parts of Asia. It is the single health factor that shows the greatest disparity between developed and developing societies. One of the disgraceful aspects of the statistics for maternal deaths is that the solutions to the problem are well known, and yet progress is at a standstill. If any category of deaths is unnecessary and shameful, maternal mortality, with its high rate, is surely one of them.

In many instances, the deaths are caused by illegal and unsafe abortions. Sweden's view is that abortions should be legal and should be decided by the woman. However, the complications of abortion should consequently be addressed irrespective of the legal status of abortion. It is imperative that all societies do their utmost to ensure that abortions are safe and rare.

A persistent theme throughout most of the ICPD Programme of Action is the struggle against poverty. The allocation of resources to meet the ICPD agenda is thus a challenge nationally and internationally. ICPD+5 has shown that, by and large, Governments have failed to respond adequately to the call in Cairo for more resources. Apart from a handful of States, the developing countries have not lived up to the ICPD goals. Nor has the donor community, which has met only about a third to half of what was expected. This is just not good enough. My Government is committed to the United Nations target of 0.7 per cent of gross national product for development cooperation.

We must furthermore bear in mind that it is not only action by Governments that is essential. The role of civil society organizations, such as non-governmental organizations and local community groups, is especially significant. They are partners in the task of putting the Programme of Action to work. They are an equally indispensable part of democratic pluralism and provide a means for ordinary people to express their priorities and influence decision-making.

As I noted initially, the process leading up to this special session and the developments since Cairo have in some respects been positive. However, the document before us falls short of what my Government hoped for. We feel that it could be more action-oriented and forward-looking. Much is still a repetition of the Cairo Programme of Action. The areas that I have touched on are examples of concerns where we feel that the document could have taken us further.

I would like to sum up by saying that at first glance these areas — the rights and needs of youth, gender equality, HIV/AIDS and maternal mortality — appear to be very different in nature. However, when considering them, we realize how much they are interrelated and dependent upon each other.

The younger generation — the stakeholders in the future of our planet — will sooner or later take stock of what we have achieved. Will they judge us to have done too little or been too noncommittal, or say that our actions were too diffused? Or will they say that we understood the challenges ahead and faced up to them? Politically and developmentally, the world is at a crossroads, and ICPD+5 is part of that scene. Let us all, as individuals and as Governments, live up to the plan of action that we all agreed on at Cairo. The time for action is now.

The President (*spoke in Spanish*): I call on His Excellency Mr. Jean André, Secretary of State for Population of Haiti.

Mr. André (Haiti) (*spoke in French*): I have the honour this evening to join the voice of the Republic of Haiti to those of all the States that, on the occasion of the twenty-first special session of the General Assembly, have come to renew their support for the continued implementation of the Programme of Action of the 1994 Cairo Conference.

This action is even more important because, at the dawn of the third millennium, the developing countries are especially concerned by the alarming living conditions of their populations, as highlighted by indicators which are heavily affected by socio-demographic determining factors. Indeed, in most of these Third World States today, infant and maternal mortality rates, the spread of HIV/AIDS and early and unwanted pregnancies continue to be the subject of major concern for officials.

The Republic of Haiti is one of the main countries involved in this situation. Indeed, in 1994 my country, which has approximately 8 million inhabitants, had an infant mortality rate of 74 per 1,000 and a maternal mortality rate of 456 per 100,000 live births. The prevalence of AIDS is estimated at approximately 7 per cent of the urban adult population and at 4 per cent of those living in rural areas. Approximately 22 Haitians are born every hour in a land that does not guarantee them an adequate quality of life: only 1.5 per cent of the land is covered with natural vegetation, and the annual per capita income is $250.

In this small Caribbean country, which is fighting to regain its title of "the pearl of the Antilles", population pressures make it difficult to meet basic needs and have a considerable effect on the quality of the environment. If its growth rate remains stationary, the population will rise from 7 million to 10 million by the year 2010 and, by the year 2040, to about 20 million — a figure three times greater than the current one.

The Government of the Republic of Haiti, in the many actions that it has carried out for years to try to deal with this problem, attaches considerable importance to promoting reproductive health and particularly to family planning, childhood disease programmes, control of HIV/AIDS, sex education for young people and access for young people to health care and reproductive services.

However, with regard in particular to family planning, which has not risen above 18 per cent, it is important to emphasize cultural aspects of the mentality of rural Haitian parents, who consider their children to be insurance for old age or guaranteed agricultural labour on family lands. In most disadvantaged urban areas, pregnancy will in most cases guarantee economic support for a woman by her partner at the time. This is one example of the many issues which show the complexity of the population problem and why, in order to deal with them, it is necessary to adopt approaches that affect the various determining factors.

In this context, the Programme of Action of the Cairo Conference, to which the Republic of Haiti subscribed, provided an historic opportunity for setting out and directing its population and development actions. Important actions include the creation within our State system of the Ministry for the Status of Women and Women's Rights, an important aspect of whose mission is to revise or elaborate, or to watch over the elaboration of, laws safeguarding respect for the rights of women; the Ministry for the Environment, which, with the broad participation of civil society, has just finalized the national environment plan; and the National Migration Office, which is in the process of laying the conceptual bases for migration policy.

We should also mention in the same context the creation of the Secretariat of State for Population, which I have the honour of heading, whose crucial mission is to work for the formulation, implementation and follow-up of a national population policy adapted to the socio-economic and cultural conditions of the country and based on sustainable human development.

Along with these structural activities, it is important to stress the integration of sex education into the curricula of primary schools, which should foster a later onset of sexual activity and a decline in the number of early pregnancies.

There have been other noteworthy gains in the implementation of the Programme of Action. An active partnership between the public sector and non-governmental organizations has promoted and strengthened the delivery of health and reproductive-health services and sex education for young people. South-South relations have been systematized through growing cooperation between our country and Cuba, whose substantial assistance in terms of qualified human resources and the granting of scholarships has enabled the Haitian health-care system to increase the coverage and quality of its services throughout the country. A national census for January 2000 is under way, as is a national survey on morbidity, mortality and the use of services. Also, the Ministry of Social Affairs and Labour has set up a family code.

Finally and above all, health, reproduction and family planning elements have been integrated into a minimum services package to which each and every Haitian, in accordance with our national health policy, must have access. This positive development is cause for optimism, as is the broad participation of civil society in the promotion of women's rights and in the fight against the spread of HIV/AIDS.

As can be seen, even though the indicators mentioned earlier depict a situation that is critical, to say the least, it should be acknowledged that we in Haiti have the political commitment and the institutional bases to continue to implement the Programme of Action of the Cairo Conference. We are in the process of strengthening the capacity of our health-care system, providing quality

health services to the great majority of the population, and preparing a national population policy with the participation of all governmental sectors and of civil society. What we lack is above all the financial means.

For that reason, while we thank the international community for the support it has always given us, we ask it to continue to render its assistance in order to consolidate the actions already under way in Haiti within the framework of the implementation of the Programme of Action of the Cairo Conference.

The President (*spoke in Spanish*): I give the floor to His Excellency Mr. Elhadj Seydou Gassama, Secretary-General of the Ministry of Youth of Mali.

Mr. Gassama (Mali) (*spoke in French*): It is a particular pleasure for me to take the floor on behalf of the Ministry of Health, Solidarity and the Elderly of Mali to make our contribution to the work of the twenty-first special session of the General Assembly, which is charged with the overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

May I first of all commend you, Mr. President, on your election and welcome the wisdom with which you have been guiding our work.

Mali, like other countries of the Sahel and of Africa, faces population problems that pose challenges to its harmonious economic and social development. Infant and maternal mortality rates — 123 per 100,000 and 577 per 100,000 live births, respectively — remain among the highest in the world. Pregnancies tend to be numerous, in close succession, early or late. The population is increasing at a very rapid pace and is distributed unequally throughout the national territory. Furthermore, significant internal and external migrations have taken place.

All this has resulted in the heightened deterioration of the environment, poor health-care coverage, rising unemployment among young people, and a low level of literacy and school attendance, to cite but a few problems.

The Assembly will understand, then, the immense hope given us by the adoption of the Programme of Action of the International Conference on Population and Development in September 1994 in Cairo, in that this was a decisive turning point in the integration of population problems into development strategies.

The Government of the Republic of Mali is firmly convinced that the effective implementation of the Programme of Action of the International Conference on Population and Development will consolidate the bases for sustainable development and economic growth in conditions of equality and justice.

Following several years of the implementation of the recommendations of the 1994 ICPD, it is important to proceed, as we are doing today, to an evaluation, however brief, of the results achieved. I am pleased, therefore, to recall the following gains made by my country.

With respect to the creation of an environment conducive to the implementation of the ICPD's recommendations, my country has already laid important groundwork and has achieved impressive results. For instance, it has drawn up a plan of action on population for the period 1994-2000, a strategic plan that emphasizes the operational nature of demographic strategy, with a view to making basic social services more easily accessible.

In this framework, the Government of the Republic of Mali has drawn up various plans of action that are undoubtedly helping to achieve the objectives of the Cairo Conference. These include the plan of action for the advancement of women (1996-2000); the 10-year plan for health and social development (1998-2007); the 10-year plan for the development of education (1998-2007); the national plan for environmental action; the national plan for reproductive health; and the priority investment plan for population.

In January 1996 Malian authorities organized a seminar on renewed planning that allowed us to define the new outlines of a planning and management system. These are part of a long-term plan, taking into account the decentralization process, giving pride of place to the environmental dimension and to the development of human resources, with particular attention paid to the role of women, and relying on the cooperation and participation of all protagonists.

In addition to these actions, let me refer to the creation of a ministry for the advancement of women, children and the family; a ministry for the advancement of youth; and a parliament for children, which shows the importance we attach to advancing the status of young people and women.

In the area of health and reproduction, the sectoral health-care policy underlying the health-care and social development programme and its medium-term plan demonstrate the Malian vision of health care. This 10-year plan — 1998 to 2007 — today represents the framework for the development of our health-care system.

The sectoral health-care policy is based on the principles of equity, social justice and solidarity and takes into account people's legitimate aspirations to well-being and the role in society of individuals, families and communities, non-governmental organizations and health-care professionals. It devotes special attention to the specific needs of women and to the problems of the elderly. It is based on our fundamental values and on the commitments undertaken by our country at the international level.

For that reason, several programmes and projects implemented by the Government's technical services and by non-governmental organizations have enabled us to promote the implementation of specific aspects of reproductive health care. The ability of women freely to access family-planning services and the decentralization of health-care services through the creation of community health centres represent a major step forward.

In the area of gender equality, equity for women and their advancement, a policy to advance the status of women — designed to mitigate inequities between the genders — has been drawn up with the goals of improving the image of women in society; fostering access by women to economic resources and means of production; and facilitating access to health-care services by women and children.

The actions undertaken in the areas of information and public awareness, training, promotion of economic resources for women, and institutional and financial support for entities charged with helping to advance the status of women as well as for women's groups and associations have helped to provide data on women, to establish equality between girls and boys in formal and informal education, to promote the use by women of reproductive health-care services, to increase women's economic power and management capacity and to raise awareness of the status and rights of women. Particular attention has been given to education and to improving the image of young girls.

The following activities are also allowing for better representation of women in decision-making.

In the area of strengthening coordination and partnership with civil society, several institutions of civil society have become involved in population activities in Mali. Non-governmental organizations, associations and various groups working in collaboration with sectorial departments are active in various areas. Their work is aided by such favourable conditions as the establishment of individual and collective freedoms, a change in the relationship between the State and the citizens and the promotion of decentralization.

In the area of communications, taking advantage of the democratic movement and the resultant liberalization of the media, the press in Mali has grown considerably. As part of a very ambitious programme, journalists are organized in a network of communicators concerned with population questions. It remains to provide journalists further professional training on population questions. Furthermore, a national population project has disseminated a great deal of information and has heightened public awareness about excision, violence against women and literacy training for small girls.

All of these activities have had significant impact on the development of the situation in my country. School attendance by small girls has increased substantially, and many of the women who had been performing excisions have officially and publicly ceased their operations. The creation of a national committee to combat harmful practices will help to reduce the occurrence of excision.

In the area of environmental protection, in order to highlight the importance of this activity and its link to development questions, a ministry has been established. Mali is continuing to implement its national environmental action plan by means of educational campaigns, and people are being informed about environmental preservation.

In the area of mobilizing resources to finance the implementation of the Programme of Action of the International Conference on Population and Development, the State has allocated substantial financial resources to social sectors. Development partners have worked with the Government of Mali to finance its population policy. The basic financing is provided by external assistance. No structure for coordination and management of this assistance currently exists, even though efforts are under way to correct this shortcoming. Moreover, it is difficult to give accurate figures regarding the multisectorial quality of activities or the contribution of all partners to the implementation of the Cairo Programme of Action.

These are, very briefly, the several accomplishments of my country since the ICPD in Cairo. It can be seen that the implementation of the Programme of Action has faced many obstacles, including the lack of financial and human resources, the lack of intersectorial coordination machinery, the persistence of cultural and traditional practices and attitudes and the continuing drop in development assistance.

In conclusion I would like to stress my Government's enthusiasm for the efforts made by the United Nations system as a whole and by the United Nations Population Fund in particular to provide this opportunity for nations to dialogue and learn.

The President *(spoke in Spanish)*: I now give the floor to His Excellency Mr. Jorge Pérez-Otermin, chairman of the delegation of Uruguay.

Mr. Pérez-Otermin (*spoke in Spanish*): The International Conference on Population and Development in Cairo in 1994 was a key moment in the evolution of the thinking and action of the international community on the issue before us.

Uruguay attends today with the satisfaction of being able to say that in these last five years the very greatest possible efforts have been made to comply with the goals laid down. We find ourselves fully involved in the task of developing programmes and establishing adequate policies in keeping with the recommendations made in the Cairo Programme of Action.

Having been faced with some economic and financial difficulties, we have focused fundamentally on three important areas: the reduction of poverty, the right to sexual and reproductive health, and the promotion of equity and equality between the sexes and the rights of women. Uruguay has worked on these issues by taking steps in two fields of action that are and have been priorities since the founding of our nation and which provide a basis from which the remaining steps can be taken.

The first of these involves the right to life, an essential right without which either there are no other rights or there is no point in establishing them. In this area Uruguay has stressed the reduction of infant mortality, and our success is eloquently shown by the statistics. Infant morality has been dropping precipitously since 1985, and at the end of this year the total reduction will have reached 50 per cent. Based on the estimates of the Ministry of Public Health, the rate will have been brought to 14 per thousand by the end of 1999.

When we talk about infant mortality we are talking about saving the lives of children of low-income households and of very young mothers. We have achieved these rates through training programmes carried out by the staff of the Ministry of Public Health. Above all our success stems from the fact mothers have come to understand that by managing the early stages of their pregnancies their babies' lives can be preserved. In addition, I note that in Uruguay 90 per cent of births take place in hospitals. This entire campaign aimed at improving infants' health has been supplemented by a programme to audit maternal mortality in order to better identify the causes and achieve lower rates.

The second basic area in which Uruguay has taken action has been education, even though historically our country has had the highest literacy rates in our region, reaching 96 per cent. That is to say that only 4 per cent of the population, primarily adults, do not know how to read or write.

Since the end of the last century our country has had a State-supported primary education system, which is based on the principles of free, secular and obligatory education. In recent years the emphasis has been on pre-school education. By the year 2000 we hope that all children four years old and above will be able to attend school. Uruguay will thus be providing 11 years of obligatory education to all its citizens.

When we talk about educational reform, in fact we are talking about the gigantic efforts that the entire country is today carrying out so that children born in the humblest, poorest households will have access to full schooling, to kindergarten, to food provided at school and to free textbooks — things that their own homes often cannot provide.

The mobilization of resources to achieve the fundamental goals of human development is a topic that the international community will have to resolve. In Uruguay we note with satisfaction that we have achieved positive results that encourage us in this task. This has been the result of a praiseworthy effort made to apply and promote the recommendations of the Cairo Programme of Action concerning first and foremost the formulation of adequate policies, the proper administration of resources and the promotion of

partnership involving not only governmental entities but also civil society and non-governmental organizations.

It should be noted that, in Uruguay, investments in the social sector — particularly in the areas of health and education — have increased considerably. This has been achieved through a policy to promote the sustained growth of the gross domestic product and the strict control of public expenditure, in addition to a reduction in the rate of inflation, which has already dropped to a one-digit average. These actions have allowed us to make substantial progress towards eradicating poverty, which, according to the index of unsatisfied basic needs, was reduced by 40 per cent in the urban areas.

As to the rights of women, Uruguay achieved early equality between the sexes, propagating laws that constitute pioneering legislation in the region. We are concerned, however, by the increase in teenage pregnancy. The reproductive behaviour of adolescents is also of increasing interest throughout the world, due fundamentally to the number of young people beginning sexual activities early, as reported by the United Nations Population Fund. We need an adequate policy to educate adolescents and to protect their sexual and reproductive lives.

We wish to note that the state organization for family-planning services represents a great innovation for Uruguay and reflects the degree of awareness that the country has achieved of the need to respect sexual and reproductive rights.

Population problems cannot be explained in terms of population size alone; we must also measure the extent of the lack of access to the opportunities offered by development and the shortage of basic human necessities, such as health, housing and education, *inter alia*. This is the reality that our country wishes to communicate to this international meeting and the experience that we would share with the international community, in the deep conviction that we are moving in the right direction and respecting and promoting the fundamental rights of human beings.

Finally, and without prejudice to the foregoing, Uruguay wishes to stress yet again the key and ongoing role of the family in the education and development of the human individual and society.

The President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Nabil Salameh Al-Zenat, Secretary-General of the National Population Commission of Jordan.

Mr. Al-Zenat (Jordan) (*spoke in Arabic*): Allow me at the outset to offer our sincere thanks to you, Sir, the Secretary-General, the Chairman of the Committee on Population and Social Development and the members of the preparatory committee for this special session to review and appraise the implementation of the 1994 International Conference on Population and Development (ICPD) Programme of Action.

As the world approaches the third Millennium, it has seen great changes at the international level in different areas of human development and improvements in the quality of life. It has also seen progress in the social and economic spheres, the heart of sustainable development. This special session to review and appraise the implementation of the ICPD Programme of Action, widely attended by the policy-makers, high officials and experts of many countries and international organizations, embodies the interest that we all share in maintaining and implementing all the ICPD objectives.

Population and development issues are of great interest in Jordan at the political, institutional and popular levels. The political leadership, under His Majesty King Abdullah Bin Al Hussein, has accorded great importance to measures in the field of population at the local, Arab and international levels. The late King Hussein was one of six leaders of Islamic States who signed the Secretary-General's statement on population on 10 December 1996.

His Majesty always believed that the human being is the most precious of all the elements of development. In his letter to the 1984 International Conference on Population, held in Mexico City, he stated that the real challenge is to strike a balance between limited resources and unbridled population growth.

Mr. Mungra (Suriname), Vice-President, took the Chair.

Her Royal Highness Princess Basma devotes much energy to Jordan's population problems, foremost among which are illiteracy, unemployment, poverty and women's issues. All of these activities provide clear evidence of the great importance which we accord the population, development and environmental factors.

Jordan hosted the Arab Conference on Population in April 1993, which issued the Amman Declaration on

Population and Development in the Arab World, representing the unified position of the Arab countries towards the issues raised at the ICPD in Cairo. We also participated in the Arab Ministerial Conference on Population and Development in Beirut in 1998.

Jordan has devoted much attention to population issues because of its high rates of population growth arising from the forced immigration we faced in the 1940s and from high fertility, which have contributed to increased illiteracy and poverty. These put heavy pressure on the provision of basic services.

We have taken many steps to implement the recommendations of the ICPD. We reconstituted the national commission in 1995, increasing the membership from 16 to 21 in order to include a number of representatives of the volunteer organizations. We renamed the commission to make it the main body responsible for all population activities and information.

The Council of Ministers approved a national population strategy in 1996. We have reviewed an updated the strategy, including the necessary amendments, together with some of the recommendations set forth in the ICPD Programme of Action. The population indicators have also been modernized, using social and demographic surveys such as the 1997 survey of population and family health. In this connection, we benefitted from the results and conclusions of other international conferences.

The Jordanian Ministry of Health made an official commitment to provide free health care for mothers and children as part of a comprehensive national plan. Jordan has also developed a programme for pre-marriage medical exams as a preventive strategy. Twenty-eight health centres have been set up for that purpose.

The National Population Commission has also undertaken many studies to identify the different trends with regard to family planning, and husbands and wives in Jordan and to ascertain the opinions of the leaders of Islamic learning and to obtain their guidance in the areas of population and family planning. We set forth a national strategy for information, education and communication as regards family planning in our five-year plan for 1997-2002.

In 1996, we established the Jordanian Parliamentary Committee on Population and Development, made up of eight members of parliament, which provides support to all programmes and activities in that field. We have integrated population objectives into our economic and social development plans for 1999-2003. The National Secretariat on Population has also participated in preparing a five-year plan for 1999-2003 for the sector of labour and the work force, and the National Population Commission has also taken part in implementing the national campaign, "Working Together for a Happy Family", which targets male leaders in local communities. Furthermore, our project on spacing of births has embarked on a campaign to involve working men in the private sector.

We are conducting scientific research on which to base our population strategies and policies for the future. This research includes studies on reproductive health policies and on financing family planning in Jordan in both the public and private sectors. In both 1997 and 1998 Jordan was named the most outstanding country in the Asia/Middle East region for its population and health programmes and activities undertaken within the framework of the programmes of the United States Agency for International Development in the region.

From our experience, we can summarize the main obstacles to implementing the recommendations of the ICPD as follows: a lack of awareness and knowledge of the different elements affecting gender issues, reproductive health and equality and fairness between the sexes; traditional habits and customs which negatively impact reproductive health and family planning, such as the preference for male babies and marriage between blood relatives; a reluctance to accept health examinations before marriage; a lack of training centres for family planning; lack of adequate national data bases for hospitals; poor organization of and coordination between health bodies and between donors in the population field; and the absence of a national plan for continuity in family planning services in case of suspension of donor contributions to various projects. Furthermore, the fact that the Jordanian Government has to allocate 25 per cent of its gross domestic product for debt servicing affects health and social programmes, especially reproductive health programmes, constitutes a great obstacle in the way of implementing the recommendations of the ICPD.

We sincerely hope that this special session will contribute further to the implementation of the recommendations of the ICPD so that a balance can be struck between population growth and the requirements of development and so that population issues can be integrated into development planning.

In conclusion, I wish the special session, the many experts from international bodies and, in particular, the United Nations Population Fund, every success in agreeing on a common denominator in the interests of all peoples, so as to increase their prosperity and improve their standards of living everywhere.

The Acting President: I now give the floor to His Excellency Mr. Carlos Santos, Chairman of the delegation of Belize.

Mr. Santos (Belize): On behalf of the Government and people of Belize, I thank you, Sir, for giving me the opportunity to address this special session of the General Assembly and would like to express our warmest greetings to all the participating countries. Our sincere congratulations go to the Executive Director of the United Nations Population Fund (UNFPA), to Mr. Opertti on his election as President of the General Assembly and to all those involved in the planning and organization of this special occasion. We feel privileged to be able to evaluate in a systematic manner our progress since the 1994 International Conference on Population and Development (ICPD).

Belize is located in Central America, bordered on the north and north-west by Mexico, on the west and south by Guatemala and on the east by the longest barrier reef in this hemisphere, and it has a land area of approximately 9,000 square miles. The 1998 mid-year estimate put the country's population at around 240,000 people. Although the land area and population size indicate a small country with a low population density, there are many problems associated with this situation. As reported in 1994, Belize continues to be an oasis of peace, justice and economic opportunity in this region. This environment attracts migrants, not only from neighbouring countries, but also from as far away as Asia. On the other hand, our country is confronted with a continuing stream of educated Belizeans migrating to more developed countries in North America and Europe. I must point out, however, that my Government, through the Ministry of National Security, has recently made the decision to develop a comprehensive migration policy to address both immigration and emigration.

As an example of its respect for human rights, and to ensure the social and economic integration of immigrants, Belize is presently implementing an amnesty programme. So far, almost 16,000 people, the vast majority of whom are poor, have applied for permanent residency. Unofficial estimates place the total number of immigrants in Belize at 40,000, which represents approximately 17 per cent of our population. We stand as a beacon in the world of what a small country can do to assist the less fortunate among its neighbours. However, Belize's past and present actions, although humane, continue to put a strain on our already fragile economy, our social services and our environment. We will undoubtedly need the assistance and support of our partners in development to help us to cope.

Although my country continues to experience a high population growth rate of around 2 per cent per annum, a large part being due to a natural increase, I am happy to report that the total fertility rate of Belizean women has decreased from 4.7 per cent to around 4.0 per cent over the past five years. We admit, however, that this rate is still unacceptably high, since in many cases the high fertility rate is not the result of choice but of the lack of awareness and the lack of availability of family planning services. My country has taken steps to address this issue. A national health plan addresses the need for a comprehensive reproductive health programme and includes a family planning component that targets both male and female adults and youth. The goal of these reproductive health programmes continues to be what it was in 1994: a choice in family planning matters and a reduction in incidences of maternal mortality and morbidity, sexually transmitted disease and high birth rates among teenagers.

A disease of great concern to Belize, as to many other developing countries, is AIDS. Since 1994, when the rate of HIV/AIDS cases was 3.7 cases per 10,000 persons, the rate has climbed to 9.4 per 10,000 in 1998. This is an alarming situation that requires immediate and sustainable intervention. My Government is committed to developing a comprehensive AIDS policy that will arrest the growth of this scourge. This policy is being drafted in partnership with civil society, the private sector and our international partners in development and commands my Government's highest priority.

One of the important areas addressed by the ICPD Programme of Action, and in which I am proud to say Belize has made considerable progress, is that of gender equality, equity and empowerment. Belize firmly subscribes to all international conventions dealing with this subject, and in this regard my Government clearly states that

> "One of the tests of a society's value is the status its women enjoy. Where poverty prevails,

where unemployment is rife and 'opportunity' has a hollow sound, it is women who bear the brunt of the suffering. Until women are empowered to define and control their own destiny without being subject to discrimination and abuse, Belize can never be considered a just and democratic society."

Some of the steps taken which demonstrate my Government's commitment to this subject include the completion of a Gender Equity and Equality Strategic Plan in 1999; the passing of a Sexual Harassment Act in 1996, together with its supporting structures; the creation of a Domestic Violence Unit in the police department to ensure that women and children are treated with sensitivity; the passing of a Families and Children Act in 1998; the Married Persons (Protection) Act, which addresses the issue of marital rape; and the strengthening of the Women's Department.

In 1998, my Government inherited a situation of an unacceptably high unemployment rate — approximately 20 per cent — among women. We are committed to changing this situation. We can report that through programmes which offer training in non-traditional areas such as computer technology, and others that ensure access to capital, women are being encouraged to become entrepreneurs and hence economically empowered. The recently established Small Farmers Bank reports that 37 per cent of its loans, totalling 29 per cent of disbursements, were made to women. A recently concluded agreement with the Inter-American Development Bank and our Social Investment Fund has earmarked over a million dollars for micro-enterprise development, 50 per cent of which must be targeted towards women.

My Government has also clearly stated its commitment to increase the number of women in key leadership positions in the public service and other public bodies. Its goal is for 30 per cent of all appointees to be women.

In the area of national policies and plans of action pertaining to population and development, Belize is proud to say that, in keeping with its commitment to this body in 1994, it now has a Population Unit established within the Ministry of Human Development, Women and Youth, and a draft National Population and Development Policy. The policy addresses all the priority issues identified in the ICPD+5 review. It will shortly be disseminated across all sectors of our society, in the form of workshops and consultations, to encourage the people's input. The Population Unit participates in relevant forums and committees to ensure the integration of population variables in the national planning process.

To facilitate the Population Unit's work and to ensure a holistic and integrated approach to the development process in general, my Government, with the assistance of our national and international development partners, is actively promoting mechanisms that will establish more dialogue and closer collaboration among the social sector ministries.

In concluding, although Belize has made considerable progress in the implementation of the ICPD Programme of Action, considerable constraints have also been experienced, important among which are inadequate human and financial resources. The Government of Belize, in its far-reaching vision, construes these as challenges rather than obstacles. My Government reiterates to this body the commitment we made when we took office in August 1998 to improve the economic and social well-being of all Belizeans and to honour and abide by all our international commitments and obligations. This is no easy feat and will undoubtedly require the cooperation, assistance and support of the international community, among which the United Nations stands tall.

The Acting President: I give the floor to His Excellency Mr. Joseph Demas, Chairman of the delegation of Papua New Guinea.

Mr. Demas (Papua New Guinea): May I, through you, Sir, extend my gratitude and felicitations to the Secretary-General, His Excellency Mr. Kofi Annan, for his keen interest in and support for the International Conference on Population and Development (ICPD).

Before I outline the efforts undertaken and the problems encountered by Papua New Guinea in implementing the ICPD Programme of Action, may I take this opportunity to convey the sincere apologies of my Minister for Treasury and Planning, The Honourable Mr. Iairo Lasaro, M.P., who was to have led the Papua New Guinea delegation but could not avail himself due to other pressing political commitments at home. He has, however, expressed his wish for a successful outcome of the special session of the General Assembly on ICPD and pledges his Government's support and commitment to its implementation.

I am happy to announce that Papua New Guinea has made some progress in the implementation of the 1994 ICPD Programme of Action, but much is yet to be done.

The Government, in collaboration with respective stakeholders, is currently reviewing our National Population Policy, which envisages to reflect changing local and global trends and conditions. The revised policy is expected to be multi-sectoral in nature and scope and will be operational by October 1999.

I am pleased to inform the Assembly that relevant policy guidelines, institutional capacity-building initiatives and the collation and analysis of appropriate data are in their progressive stages.

The constitution of Papua New Guinea recognizes gender equality and equity, empowering women to be actively involved in all forms of political, social and economic activity for a better quality of life and an improvement in their living standards. In 1994 the Government endorsed the National Women's Policy, which is aimed at improving and increasing the position and participation of women in our society, both as agents and beneficiaries in the development process. Other efforts have been made to promote women's participation in national development and decision-making vis-à-vis membership in the provincial and local-level governments.

After the Cairo Conference, the National Department of Health, in collaboration with other Government agencies, the private sector, civil society and donors, prepared our fourth National Health Plan, which encourages a fundamental shift in the way health services are delivered to Papua New Guineans living in urban and rural areas.

In implementing this plan, and consistent with the International Conference on Population and Development Programme of Action, a number of initiatives have been undertaken. Among others these include the promotion of training and awareness in the areas of reproductive health, family planning, sexual health and safe motherhood, as well as the establishment of a national HIV/AIDS council to initiate and implement policy and programmes to combat this dreadful disease.

The Government in 1995 endorsed the non-governmental-organization policy that gave legitimacy and recognition to the positive role of churches in the delivery of health, educational and other social services. The Government stands ready to support and encourage this important ongoing commitment.

Although progress has been made in some areas, there remain issues that hinder our intentions and efforts to implement effectively the ICPD Programme of Action. These issues include the need to improve the capacity and effectiveness of the formal institutional mechanisms for coordinating and monitoring the national population programmes in the country. Gaps remain in terms of statistics and research required for integrated population and development planning.

Widespread inequality between males and females still exists in the areas of economic participation and decision-making. The national women's policy and the non-governmental-organization policy have not been broadly publicized or fully implemented.

The existing high maternal, infant and child mortality rates need to be reduced to acceptable levels. There is a need to address immediately the reproductive health needs of young people and adolescents that were previously overlooked by the maternal and child health programmes. The prevalence of complications related to sexually transmitted disease and HIV/AIDS needs to be seriously addressed so as to avoid their impact on the Papua New Guinea economy and the country as a whole.

There is need to provide technical and financial support to the civil society to encourage participation in population and development. The private sector must be encouraged to be more involved in implementing the Programme of Action on reproductive health, family planning and sexual health.

Some of the progress that we have made would not have been possible without external support and assistance. I take this opportunity to express our appreciation and gratitude to the United Nations system, the World Bank, the Asian Development Bank, the Australian Government and others who have been partners in this process.

Papua New Guinea wishes to reiterate that, in order to effectively and successfully implement the good intentions of Cairo and the outcome of this special session on Cairo+5, governmental and international support and cooperation is a must. This, we believe, is an affirmative commitment that should generate coherent political will and leadership if the dreams and aspirations expressed in the ICPD Programme of Action are to be realized.

In conclusion, I am pleased to reaffirm the commitment of the Papua New Guinea Government to continue with the implementation of the ICPD

Programme of Action within the limits of our resources and of the support provided by the international community.

The Acting President: I now give the floor to His Excellency Mr. Afonso Van Dunem "Mbinda", chairman of the delegation of Angola.

Mr. Van Dunem "Mbinda" (Angola): Due to a conflicting commitment, our Minister for Planning could not be here today. I apologize for this. I address the Assembly on her behalf.

May I begin by congratulating the President, on behalf of my Government, for presiding over this special session of the General Assembly dedicated to the issues of population and development. May I also take this opportunity to express our appreciation for the work done by Mrs. Nafis Sadik at the helm of the United Nations Population Fund. My Government is committed to continuing to support and encourage her initiatives aimed at improving the living conditions of peoples, particularly in developing countries.

There is little data available on the Angolan population. For almost 29 years now we have been unable to carry out a general census of the population throughout the whole territory. Present figures in this domain are limited and not very reliable. This has been for many years a matter of concern for my Government, for it hampers our ability to plan and implement social- and economic-development programmes.

The ongoing war, which has ravaged the country for more than 30 years, is the main reason behind the non-implementation of a demographic policy in Angola. The Government is forced to divert large amounts of the financial as well as the human resources needed to fund social and economic programmes to protect the civilian population against terrorist actions.

The instability is also preventing us from taking advantage of the enormous economic potential of the country to benefit the people. Thus the instability is contributing to today's unprecedented economic crisis, which has plunged about 65 per cent of the Angolan population below the poverty line.

Just to give you a picture of the tremendous consequences of the crisis upon the population, allow me to cite some figures. The health indicators have fallen dramatically over the last years. The maternity mortality rates are between 1,200 and 1,500 for 100,000 births, one of the highest in the world.

The mortality rate for infants and children under five years is also high, and the average life expectancy is one of the lowest in the world: 42.4 years.

As far as education is concerned, about 2.3 million children are not part of the school system because of the destruction of most of the educational infrastructure, the abandonment of their areas of origin and because of poverty. Over the past 25 years, the Angolan population has doubled from 5.6 million in the 1970s to roughly 13 million in 1995. However, due to the war, this increase has brought about imbalances in the concentration of human settlements. While vast portions of territory are becoming empty, others like the capital, Luanda, which alone gives shelter to 2 to 3 million inhabitants, cannot support the constant waves of displaced persons. Women and children make up most of the 1.8 million internally displaced persons in Angola. Also, as a result of the war, more than 100,000 people have become incapacitated and are desperately in need of training programmes for their social reintegration.

In order to attenuate the effects of the economic crisis and within the framework of the fourth programme of cooperation between the Government and the United Nations Population Fund (UNFPA) for the period 1997-2000, my Government set as a priority the implementation of recommendations issued at the Cairo Conference with regard to access to reproductive health care, including family planning, gender equality and the integration of strategies on population and development.

So far, the following actions have been taken: the strengthening of the maternity health-care system, including the setting-up of family-planning agencies; the passing of legislation to promote gender equality; the inclusion of social and demographic factors as integral parts of all development programmes, in particular the programme for stabilization and economic recovery, mid-term 1998-2000, and the creation of a special agency to deal with population matters within the Ministry of Planning; the integration of the main components of reproductive health and the prevention of sexually transmitted diseases, including HIV/AIDS; the introduction of population courses at Agostinho Neto National University; the introduction of family education in the curriculum of public schools; the preparation of a national conference on population, to be held in the year 2000; and, last but not least, the implementation and

decentralization of two local population programmes in two of the most populated provinces, Benguela and Huila. My Government is very grateful for the support provided by UNFPA for these activities and stands ready to reinforce this cooperation.

It is our belief that the goals set forth in the Cairo Programme of Action can be attained only in a concerted manner and through the mobilization of the necessary financial and human development resources, as well as through national capacity-building. The role and support of the relevant international institutions will be crucial if the main objectives of the Programme of Action — the creation of conditions for a partnership between non-governmental organizations and the Government; the reinforcement of programmes aimed at facilitating women's access to productive activities as a way to promote gender equality and to advance the status of women; and the improvement of children's access to school, with a view to eradicating illiteracy — are to be achieved.

Finally, let me appeal to the donor countries to continue to support financially the activities of UNFPA so that the Cairo Programme of Action can be a reality, especially in our developing nations.

The meeting rose at 9.05 p.m.